

# State's Exhibit "1"

Medical record pages  
of Patient #1 and  
Patient #3 referenced  
during the Hearing

## Core Client Information

next visit date	est. due date	age	marital status	pre-preg wt	cur wt	wt gain	BMI	blood type	expecting
11/10/16	11/30/16	34	Married	214	235	21	38	O+	A Boy
GTPAL	VBAC	last normal period	medications	drug and other allergies	latex allergies				
2/1/0/0/1 para 1	Yes	1/27/16	Zantac, Zyrtec	Codeine	No				
problems	platelets	HGB	HCT	rubella antibody	vitamin d 25 oh	white blood cell			
Endometriosis, Chicken Pox, Ovarian cysts	286x 10 <sup>3</sup> /uL	10.2g/dL	35.0%	Equivocal	10 ng/mL	13.3 10e9/L			
absolute immature...	red cell distribution width	mean cell hemoglobin...	red cell distribution width-sd	hemoglobin					
0.12 10e9/L	15.9 %	29.1 g/dL	51.8 fL	10.2 g/dL					
absolute neutrophil count	red blood cell	newborn DOB	EGA by EDD at birth						
9.41 10e9/L	3.93 10e12/L	11/7/16, 6:19 AM	36.5						

## Basic Information

language	age	gender				
English	34	Female				
city of birth	state of birth	country of birth	marital status	race/ethnicity	occupation	
Midwest City	Oklahoma	United States of America	Married	White	Realtor	
employer	religion	highest education	living will	organ donor		
Self Employed	Episcopal	BA/BS Degree	No	Yes		
city	county	zip	state/province	country	your primary phone	
Oklahoma City	Oklahoma	73112	Oklahoma	United States of America	mobile	
secondary phone	lives within city limits	do not contact details	s my health info			
other	Yes	No				

## Financial Information

payment type	do you receive WIC?
Self Pay	No

## Current Pregnancy

are you pregnant?	last normal period	accuracy of date	ultrasound 1 edd	add based on	est. due date	pre-preg wt
Yes	1/27/16	+/- 1 month	11/30/16	Ultrasound 1	11/30/16	214
expecting	GTPAL	VBAC				
A Boy	2/1/0/0/1 para 1	Yes				

## Father of Baby (FOB)

address same as above	state of birth	country of birth
Yes	Oklahoma	United States of America

## Past Pregnancies

1st Pregnancy	Fetuses:	Single
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1st Fetus: live birth delivered on 7/27/16 at 41.3 weeks pregnant

gestational age	birth weight	total length of labor	induced	place of delivery	location of delivery
41wks 3days	10lbs 15oz	36hours	No	Hospital	OU Edmond
delivery type	cesarean reason	anesthesia	gender	child still living?	
Cesarean	Ftp, cpd	Spinal	Male	Yes	

## Your Mother's History

pregnancies complications live births your birth weight months you were breastfed  
 1 Delivered 3 weeks past due date 1 13lbs 11oz 4months

## Your Health

cur wt wt gain height BMI blood type  
 235 21 5ft 3in 38 O+

## medical conditions

Chicken Pox - Active 1/1/87

anesthesia difficulty blood transfusion other practitioners problems  
 No No No Endometriosis, Chicken Pox, Ovarian cysts

medications or supplements? medications drug allergies?  
 No Zantac, Zyrtec Yes

## drug allergy:

Codeine 1/1/12 Allergic Reaction

food allergies? drug and other allergies latex allergies typical stress level source of stress are you being abused?  
 No Codeine No Low Work No

history of abuse? do you feel unsafe?  
 No No

## Gynecologic History

age of 1st period periods/year period freq. period duration period flow bleeding bet. periods irreg. periods  
 12 12 28 3 - 4 Days Heavy No No

painful periods details abnormal pap smear? have you ever had a mammogram? have you ever had a breast exam?  
 Yes Endometriosis Yes No No

1st intercourse age # of partners are you currently monogamous? do you have pain during intercourse?

have you ever had any of the following conditions?

Ovarian cysts - Active 1/1/97

Endometriosis - Active 1/1/95

## Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int Exam	Labs
4/11/16, 3:15 PM	6.5	None	214	136/84	78	Below	N/A	N/A	Neg / Neg	No	Yes
supervised by Dawn Karlin	performed by Dawn Karlin	visit type In Person - Office		visit duration 45		headaches No		visual disturbances No		dizziness No	
fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No		abnormal vaginal discharge No		bleeding No		Back/hip/pub. pain No			
itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No		Emotional/Mental status Normal		fatigue Yes		nausea Yes	
vomiting No	fever of 101 or more No	other No	contractions None	FM -	administered Rhogam No	performed urine test Yes		ketones Neg			
nitrites Neg	leukocytes Neg	color Light	clarity Clear	blood Neg	ph 5	had physical exam Yes		HEENT Normal	lungs Normal	extremities & skin Normal	heart Normal
abdominal & back Normal		neuro Normal	breasts comments Deferred		genitourinary comments Deferred		pap performed No		labs ordered Yes		
lab ordered details Prenatal Panel		ultrasound ordered Yes		ultrasound ordered notes Will schedule with ultrasound unlimited next week					meds/supplements No		
payment comments			next visit date 5/9/16, 2:30 PM								

## comments

S: Saw today for new ob appt. Reports a little nausea and fatigue, otherwise has been feeling good. Denies vb or cramping. Desiring homebirth and seeking midwifery care.

O: see flowchart

A: 32yo G2P1001 w/IUP at 10w5d by uncertain LMP, scwd, hx c/s x1 desiring vbac

P: Discussed midwifery care, diet and exercise for pregnancy and recommended weight gain, discussed monitoring carb intake due to size of last baby. Questions answered, consents emailed for review. New ob labs and vitamin d level today. Reviewed 1st trimester precautions. Will r/c 4wks or sooner Pm. Will call to schedule dating u/s.

signed off by

Dawn Karlin on 6/6/16, 2:16 PM

6/2/16, 3:11 PM	14.1	None	217	128/78	B2	Cwd	N/A	160	Neg / Neg	No	No
supervised by	performed by	assisted by	visit type	visit duration	headaches	visual disturbances					
Dawn Karlin	Oawn Karlin	Brandy Harris	In Person - Office	45	No	No					
dizziness	fainting	GI signs/symptoms	dysuria (S&S of UTI)	abnormal vaginal discharge	bleeding						
No	No	No	No	No	No						
Back/hip/pubuc pain	itchiness	leg cramps	varicose veins	injuries	Pre-E signs/symptoms	Emotional/Mental status					
No	No	No	No	No	No	Normal					
fatigue	nausea	vomiting	fever of 101 or more	other	contractions	FM					
No	No	No	No	No	None	Maybe a week or two ago					
administered Rhogam	performed urine test	ketones	nitrites	leukocytes	color	clarity	blood				
No	Yes	Neg	Neg	Neg	Concentrated	Cloudy	Neg				
ph	had physical exam	labs ordered	ultrasound ordered	meds/supplements	next visit date						
5	No	No	No	No	7/1/16, 9:00 AM						

## comments

S: Saw for 4wk RTO appt. Overall has been feeling good. Denies vb or cramping.

O: see flowchart

A: 32yo G2P1001 w/IUP at 14w1d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac

P: Reviewed 2nd trimester precautions. Questions answered. Will r/c 4wks or sooner Pm.

7/1/16, 9:23 AM	18.2	None	220	116/74	92	Cwd	N/A	150	Trace / Neg	No	No
supervised by	performed by	visit type	visit duration	headaches	visual disturbances	dizziness					
Dawn Karlin	Oawn Karlin	In Person - Office	50	No	No	No					
fainting	GI signs/symptoms	dysuria (S&S of UTI)	abnormal vaginal discharge	bleeding	Back/hip/pubuc pain						
No	No	No	No	No	No						
itchiness	leg cramps	varicose veins	injuries	Pre-E signs/symptoms	Emotional/Mental status	fatigue					
No	No	No	No	No	Normal	No					
fever of 101 or more	other	other comments									
No	Yes	... accidentally hit her in the right eye orbit with the tv remote, had pain for 5days, feeling better now									
contractions	FM	administered Rhogam	performed urine test	ketones	nitrites	leukocytes	color				
None	+	No	Yes	Neg	Neg	Neg	Concentrated				
clarity	blood	ph	had physical exam	labs ordered	ultrasound ordered	meds/supplements	next visit date				
Clear	Neg	5	No	No	No	No	7/28/16, 10:30 AM				

## comments

S: Saw today for 4wk RTO appt. Overall has been feeling good. Appetite has been low. Feeling some stretching in lower abd. Denies vb or cramping.

O: see flowchart

A: 32yo G2P1001 w/IUP at 18w2d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac

P: Reviewed 2nd trimester precautions. Questions answered. Will r/c 4wks or sooner Pm.

7/28/16, 10:56 AM	22.1	None	225	129/81	92	24.5	N/A	150	+1 / Neg	No	No
supervised by	performed by	assisted by	visit type	visit duration	headaches	visual disturbances					
Dawn Karlin	Oawn Karlin	Brandy Harris	In Person - Office	35	No	No					
dizziness	fainting	GI signs/symptoms	dysuria (S&S of UTI)	abnormal vaginal discharge	bleeding						
No	No	No	No	No	No						
Back/hip/pubuc pain	itchiness	leg cramps	varicose veins	injuries	Pre-E signs/symptoms	Emotional/Mental status					
No	No	No	No	No	No	Normal					

signed off by

Dawn Karlin

on 7/1/16,

10:06 AM.

fatigue	fever of 101 or more	other	contractions	FM	administered Rhogam	performed urine test	ketones
Yes	No	No	None	+	No	Yes	+1
nitrites	leukocytes	color	clarity	blood	ph	had physical exam	labs ordered
Neg	Neg	Concentrated	Clear	Neg	5	No	No
meds/supplements	payment comments	next visit date					
No	Will pay next visit	8/24/16, 10:00 AM					
<p>comments</p> <p>S: Saw today for 4wk RTO appt. Reports fatigue. Appetite has increased. Had an ultrasound, forgot to bring report, will scan and email to me. Denies vb or cramping.</p> <p>O: see flowchart</p> <p>A: 32yo G2P1001 w/IUP at 22w1d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac</p> <p>P: Reviewed 2nd trimester precautions. Questions answered. Will r/c 4wks or sooner Pm. 1hr gs, CBC, vitamin d level next visit.</p> <p>signed off by</p> <p>Dawn Karlin on 7/28/16, 11:40 PM</p>							

## Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protal...	Int. Exam	Labs
8/24/16, 10:11 AM	26.0	None	227	126/81	96	29	N/A	131	Trace / Neg	No	Yes
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Brandy Harris visit type In Person - Office visit duration 60 headaches No visual disturbances No</p> <p>visual disturbances comments Needing to wear glasses dizziness No fainting No GI signs/symptoms No dysuria (S&amp;S of UTI) No</p> <p>abnormal vaginal discharge No bleeding No Back/hip/pubis pain No itchiness Yes</p> <p>itchiness comments PUPPS- encouraged dandelion 2capsules 3x daily, Zyrtec once or twice a day. leg cramps No varicose veins No Injuries No</p> <p>Pre-E signs/symptoms No Emotional/Mental status Normal fatigue No nausea No vomiting No fever of 101 or more No other No</p> <p>contractions None FM administered Rhogam No performed urine test Yes ketones Trace nitrites Neg leukocytes Neg color Concentrated</p> <p>clarity Clear blood Trace ph 5 s.g. 1.025 had physical exam No labs ordered Yes lab ordered details Other labs ordered notes 1hr gs, CBC, vitamin d level</p> <p>ultrasound ordered No meds/supplements No payment entered under billing? Yes next visit date 9/22/16, 11:00 AM</p> <p>comments</p> <p>S: Saw today for 4wk RTO appt. PUPPS is increasingly bothersome, is all over. Denies vb or cramping.</p> <p>O: see flowchart</p> <p>A: 32yo G2P1001 w/IUP at 26w0d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac</p> <p>P: Reviewed 2nd trimester precautions. Questions answered. Recommended dandelion and Zyrtec for PUPPS itching. Will r/c 4wks or sooner pm. 1hr gs, CBC, vitamin d level today.</p> <p>signed off by</p> <p>Dawn Karlin on 8/24/16, 11:32 AM</p>											
9/22/16, 10:58 AM	30.1	None	232	114/67	101	31	Breech	144	Neg / Neg	No	No
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Brandy Harris visit type In Person - Office visit duration 45 headaches No visual disturbances Yes</p> <p>visual disturbances comments Vision is a little worse, thinks glasses prescription has changed dizziness No fainting No GI signs/symptoms Yes</p> <p>GI comments A little regurgitation if eats too much at one time dysuria (S&amp;S of UTI) No abnormal vaginal discharge No bleeding No</p> <p>Back/hip/pubis pain No itchiness No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal</p>											

# Patient # 1

## Moments of Bliss Midwifery Services LLC

fatigue	nausea	vomiting	fever of 101 or more	other	contractions	FM	administered Rhogam		
Yes	No	No	No	No	None	++	No		
performed urine test	ketones	nitrites	leukocytes	color	clarity	blood	ph	s.g.	had physical exam
Yes	+1	Neg	Neg	Light	Clear	Neg	6	1.020	No
labs ordered	ultrasound ordered	meds/supplements	payment entered under billing?	next visit date					
No	No	No	Yes	10/17/16, 12:00 PM					
comments								signed off by	
S: Saw lay for 4wk RTO appt. PUPPS is doing better, Zyrtec is helping. Denies vb or lof.								Dawn Karlin on 9/22/16,	
O: see flowchart								11:28 AM	
A: 32yo G2P1001 w/IUP at 30w1d by 1st trimester u/s, scwd, hx c/s x1desiring vbac									
P: Reviewed 3rd trimester precautions. Questions answered. Will rtc 2-3wks or sooner pm.									

### Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
10/17/16, 12:15 PM	33.5	None	235	119/81	102	34	LOA	136	Neg / Neg	No	No
supervised by	performed by	assisted by	visit type	visit duration	headaches						
Dawn Karlin	Dawn Karlin	Brandy Harris	In Person - Office	50	Yes						
headache comments		visual disturbances		dizziness	fainting	GI signs/symptoms					
A few headaches, go away with rest		No		No	No	No					
dysuria (S&S of UTI)	abnormal vaginal discharge			bleeding	Back/hip/public pain		itchiness	leg cramps			
No	No			No	No		No	No			
varicose veins	injuries	Pre-E signs/symptoms		Emotional/Mental status		fatigue	nausea	vomiting			
No	No	No		Normal		Yes	No	No			
fever of 101 or more	other	contractions	FM	administered Rhogam	performed urine test		ketones	nitrites			
No	No	Occasional	++	No	Yes		Neg	Neg			
leukocytes	color	clarity	blood	ph	s.g.	had physical exam	labs ordered	ultrasound ordered			
Neg	Light	Clear	Neg	6.5	1.010	No	No	No			
meds/supplements	payment entered under billing?			next visit date							
No	Yes			11/10/16, 7:00 PM							
comments											
S: Saw lay for 3wk RTO appt. PUPPS is much better, not needing Zyrtec daily anymore. Denies vb or lof.											
O: see flowchart											
A: 32yo G2P1001 w/IUP at 33w5d by 1st trimester u/s, scwd, hx c/s x1desiring vbac											
P: Reviewed 3rd trimester precautions, s/sx pt, and daily fmc. Questions answered. Will t/u with home visit in 3wks or sooner pm.											
signed off by											
Dawn Karlin on 10/17/16, 12:50 PM											
11/3/16, 7:05 PM	36.1						ROT	152			
supervised by	performed by	visit type	FM								
Dawn Karlin	Dawn Karlin	In Person - Home	++								
comments											
Went by to check on , she reports that after having a nap this afternoon UC have spaced out, become irregular and mild like Braxton hicks. States that she is disappointed. I encouraged her that baby would come when he is ready and that this extra time helps his lungs have time to develop. Home visit scheduled for next Thursday. She will call with any questions or concerns or labor before then.											
signed off by											
Dawn Karlin on 11/6/16, 11:19 AM											
11/5/16, 2:00 PM	36.3	None		118/80	88		ROA	148		No	No
supervised by	performed by	visit type	visit duration	FM	EFW	administered Rhogam					
Dawn Karlin	Brandy Harris	In Person - Home	30	++	9	No					
performed urine test	had physical exam	labs ordered	ultrasound ordered		meds/supplements						
No	No	No	No		No						

**comments**

Arrived at house after reports concerns of decreased fetal movements in the last 24 hours and irregular but painful UC. Upon further questioning she states that she has been using the breast pump in the last 36 hours to encourage labor to pick up.

VSS no s/sx distress see flow chart. Declined VE.

Recommended continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. Requested she abstain from pumping and allow her body and her baby to set the pace.

Confirmed scheduled home visit for Thursday and will call with further concerns or labor before then.

signed off by

Dawn Karlin on 11/6/16, 11:19 AM

**Prenatal Visits**

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
11/6/16, 9:44 AM	36.4	Mild		104/75	105	38	ROA	143		2, 50%	No
supervised by Dawn Karlin	performed by Dawn Karlin	visit type In Person - Home	visit duration 50	headaches No	visual disturbances No	dizziness No					
fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No	abnormal vaginal discharge Yes	VD comments Bloody mucous plug on Friday							
bleeding No	Back/hip/pubis pain Yes	itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No					
Emotional/Mental status Abnormal	Emotional/Mental status comments Feeling discouraged, anxious, exhausted	fatigue Yes	nausea No	vomiting No	fever of 101 or more No						
other No	contractions Frequent	temp 97.3	FM ++	EFW 9lb	administered Rhogam No	performed urine test No	fetal station -4	had physical exam No			
labs ordered No	ultrasound ordered No	meds/supplements No	next visit date 11/10/16, 7:00 PM								

**comments**

S: Saw today for home visit. She reports not sleeping well for past 4 nights due to frequent UC which she describes as mild to moderate and is tired and discouraged. She also reports overall feeling achy and possibly having virus with temp of 100.5 yesterday evening.

O: see flowchart, Vss, temp normal at 97.3

A: 33yo G2P1001 w/IUP at 36w4d by 1st trimester u/s, hx c/s x1 desiring vbac

P: Reviewed 3rd trimester precautions, s/sx ptl, and daily fmc. Questions answered. Offered to transfer care to Ob/gyn at her request if desired, she declines at this time. Will f/u with home visit on Thursday or sooner pm.

Practiced black box bark to relax uterus so she can rest. Two doses taken while I am here. Reviewed dosing is 1 dropperfull every 20min for up to 3 doses if needed. Also recommended valerian root 400-500mg Po qhs for sleep. After my visit, she reports spirits are up and she feels better.

signed off by

Dawn Karlin on 11/6/16, 1:08 PM

**Phone/Email/Texts**

contact date	Wks	visit type	notes
11/7/16, 4:22 AM	36.5	Phone	Received call from reporting water breaking initially clear, "coming out like a faucet"
performed by Dawn Karlin	notes Received call from reporting water breaking initially clear, "coming out like a faucet" and then dark Midwife en route to their home at 0430.		
signed off by Dawn Karlin on 11/9/16, 2:05 PM			
11/7/16, 5:00 AM	36.5	Phone	Receiving texts that there is lots of brown poop. Recommended go to hospital and
performed by Dawn Karlin			

## notes

Receiving texts that there is lots of brown poop. Recommended go to hospital and I will meet them there instead of at their home.

PS- screen shots of texts and call log uploaded into chart.

signed off by

Dawn Karlin on 11/9/16, 2:05 PM

## Lab Result

signed off by Dawn Karlin on 8/25/16, 2:02 PM

labs drawn date	lab title	lab is for	Wks	report status	external pt. id	internal ref. id
8/24/16	Final results from RML for VIT D TOTL	Mom	26.0 GA	Final		
collected date	received by lab date	results reported date				
8/24/16, 8:39 PM	8/25/16, 12:08 AM	8/25/16, 1:32 AM				1, Female
lab ordered by	vitamin D					
DAWN KARLIN	10					

## group

VIT D TOTL

site	status	test	vitamin d 25 oh	status	range
4142 S Mingo Rd. CP...	Final	Vitamin D 25 OH	10 ng/mL	Below low normal	30-100

## notes

\*\*\*\*\* Notes Begin \*\*\*\*\*

\*\*\* Fluorescein dye has been shown to affect the Vitamin D assay and results may be falsely elevated. Patients that have had a procedure using this dye should be deferred 72 hours prior to blood samples drawn for this assay.  
 \*\*\* Test performed at RML Tulsa Central Lab, CLIA# 37D2031514  
 \*\*\* 4144 S. Mingo, Tulsa, OK 74146  
 \*\*\*\*\* Notes End \*\*\*\*\*

## Lab Result

signed off by Dawn Karlin on 8/25/16, 2:13 PM

labs drawn date	lab title	lab is for	Wks	report status
8/24/16	Final results from RML for GLUC 1 HR	Mom	26.0 GA	Final
collected date	received by lab date	results reported date		
8/24/16, 8:39 PM	8/25/16, 12:09 AM	8/25/16, 1:11 AM		Female
lab ordered by	lab order comments	1hr glucose tolerance		
DAWN KARLIN	Did glucola	131		

## group

GLUC 1 HR

site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Glucose 1 Hour	131 mg/dL	-	70-135

## notes

\*\*\*\*\* Notes Begin \*\*\*\*\*

\*\*\* Interpretative data is available online at:  
 \*\*\* www.rmlonline.com/interp  
 \*\*\* Enter Test Number: 2012650  
 \*\*\* Test performed at RML Tulsa Central Lab, CLIA# 37D2031514  
 \*\*\* 4144 S. Mingo, Tulsa, OK 74146  
 \*\*\*\*\* Notes End \*\*\*\*\*

## Lab Result

signed off by Dawn Karlin on 8/25/16, 2:03 PM

labs drawn date	lab title	lab is for	Wks	report status
8/24/16	Final results from RML for CBC	Mom	26.0 GA	Final
collected date	received by lab date	results reported date		
8/24/16, 8:39 PM	8/25/16, 12:09 AM	8/25/16, 12:31 AM		Female
lab ordered by	HGB	HCT	platelets	WBC
DAWN KARLIN	10.2g/dL	35.0%	286x 10 <sup>3</sup> /μL	13.3x 10 <sup>3</sup> /μL



# Patient # /

## Moments of Bliss Midwifery Services LLC

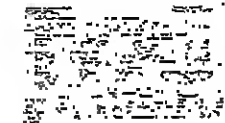
site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Monocyte Count	1.04 10e9/L	Above high normal	0.20-0.80
site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Eosinophil Count	0.41 10e9/L	-	0.00-0.45
site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Basophil Count	0.11 10e9/L	-	0.00-0.20
site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Immature	0.06 10e9/L	-	0.00-0.10

### notes

\*\*\*\*\* Notes Begin \*\*\*\*\*  
 \*\*\* Test performed at RML Tulsa Central Lab, CLIA# 37D2031514  
 \*\*\*\*\* Notes End \*\*\*\*\*

Ultrasound signed off by Dawn Karlin on 11/3/16, 10:47 AM

ultrasound date	ultrasound title	EGA (LNMP)	EGA (AUA)	EDC (LNMP)	EDC (AUA)
7/20/16	2nd trimester	25w0d	22w3d	11/2/16	11/20/16
FHT	fetal position	placenta	fetal anatomy	expecting	performed by
165	Breech	Anterior	Normal	A Boy	Ultrasound unlimited



Ultrasound signed off by Dawn Karlin on 11/3/16, 10:48 AM

ultrasound date	ultrasound title	EGA (LNMP)	EGA (AUA)	EDC (LNMP)	EDC (AUA)	FHT	performed by
5/5/16	1st trimester	14w1d	10w1d	11/2/16	11/30/16	176	Ultrasound unlimited



### Medications

added on	status	prescribed on	discontinued on	medication name	dose amount	frequency
9/22/16	Active	9/22/16		Zyrtec	1	Daily
medication name    route    is OTC? Zyrtec                Po       Yes						
9/22/16	Active	9/22/16		Zantac	1	Daily
medication name    route    is OTC? Zantac                Po       Yes						

### Problem List

record added on	problem name	status	onset date	resolved on	description of problem
4/11/16, 3:02 PM	Chicken Pox	Active	1/1/97		
4/11/16, 3:02 PM	Endometriosis	Active	1/1/95		
4/11/16, 3:02 PM	Ovarian cysts	Active	1/1/97		

## Drug Allergies

added on	name of drug	status	onset date	resolved on	description of reaction
9/22/16	Codeine	Active	1/1/12		Allergic Reaction

## Admissions

Admission Time	Contraction...	BP	Fe...	FHT	Contraction Fr...	Internal Exam	Discharged
11/3/16, 8:42 AM	11/3/16, 8:42 AM	129/87	LOA	132	2-4, 45-50, Mild	2, 70%	11/3/16, 9:...

weeks gestation  
36.1

## Subjective

Last Food Eaten Last Time Slept Last Bowel Movement Recent Hydration Emotions  
Snack this am On and off through the night Yesterday Water Good, a little anxious

location  
Home

## Objective

Est. Weight pulse Tmp performed urine test FHT status fetal station  
9lb 101 97 No Accels -2

## comments

Came to home to check in, she reports UC for the past 12hrs, started out every 10min lasting 25sec, now every 2-4min lasting 45-50 sec. still able to walk and talk and is chatty between UC.

Reviewed pregnancy dating Lmp is uncertain, pregnancy dated by 10w ultrasound. Also had 22w ultrasound that is consistent with 36-37wk dating. Discussed that at 36w1d, her baby is late preterm and may be ready to be born and breathe ok on his own but also might need extra help and we would have to transfer to the hospital if he needed more support than we can do at home. I recommended transfer to hospital now, while laboring, before baby is born, as a safer option.

After consideration declines transfer at this time and would like to labor and birth at home, stating that she realizes baby may have to go to hospital after birth.

I also reviewed Gbs unknown status and laboring prior to 37wks and recommended abx prophylaxis, she agrees to abx and Rocephin 1g IM r glut at 0900.

## comments

All signs suggest prodromal or early labor, is going to try to rest and will call if UC get stronger or longer or if her water breaks or any other changes.

signed off by

Dawn Karlin on 11/3/16, 12:50 PM

## Labor Flow

Status Time	Labor Status	BP	Pulse	Tmp	Fe...	FHT	Contraction Fr...	Internal Exam	Inc...
11/7/16, 10:23 AM	Delivered								
Labor Status	time of birth (body)	baby caught by	supervised by	nuchal cord					
Delivered	11/7/16, 6:19 AM	Dr Bishop	Dawn Karlin	Yes					

## comments

Repeat cesarean. Breech presentation with nuchal cord x5.

Newborn resuscitated and taken to nicu. Then transferred to OU medical center- children's nicu for cooling cap and there was found to have minimal brain activity and multiple organ failure. Taken off life support and passed at midnight.

signed off by

Dawn Karlin on 11/9/16, 2:08 PM

## Newborn Details

EGA by EDD at birth newborn DOB  
36.5 11/7/16, 6:19 AM

Ultrasound Unlimited, Inc.  
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2712 Shady Tree Lane  
Edmond, Okla. 73013

OB ULTRASOUND

Name \_\_\_\_\_ Date 7/20/15  
Referring Physician D. Karlin OB History: pregnancies 2 children 1  
Reason for exam Fetal Size

<input checked="" type="checkbox"/> Within Normal Limits		<input type="checkbox"/> NS = Not Seen	Abnormality - See Comments Below	
<b>Gestation</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	<b>Fetus</b> <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	<b>Fetal Position</b> <input type="checkbox"/> Vertex <input checked="" type="checkbox"/> Breech Frank <u>Foot</u> Oblique Head: R L Transverse Head: R L Fetal Spine to Maternal R L <u>Ant</u> Post Sup Inf Position <u>OA</u> Unstable		
<b>Fetal Anatomy</b> <input checked="" type="checkbox"/> Kidneys <input checked="" type="checkbox"/> R L <u>Both</u> <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities <input checked="" type="checkbox"/> 1 2 3 4 <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach <input checked="" type="checkbox"/> Ventricles <input checked="" type="checkbox"/> Iliacrus <input checked="" type="checkbox"/> Spine <input checked="" type="checkbox"/> Cerv. Head Junc. <input checked="" type="checkbox"/> 3 Cord Vessel <input checked="" type="checkbox"/> Cord Insert <input checked="" type="checkbox"/> Abd. Plac <input checked="" type="checkbox"/> Diaphragm <input checked="" type="checkbox"/> 4 Chamber Heart	<b>Amniotic Fluid</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe <u>14.7</u> cm's AFI	<b>Placenta</b> <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Lateral <input type="checkbox"/> R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Previa <input type="checkbox"/> Marginal <input type="checkbox"/> Partial % <input type="checkbox"/> Total <input type="checkbox"/> Abruptio GRADE <u>0</u> II III Heart Rate <u>165</u> Beats / Min.		

	cm's	weeks	days	Clinical	Ultrasound
Gestational Sac					EFW <u>1</u> lbs <u>2</u> oz
Crown Rump				LMP <u>4/27/16</u>	EFW <u>510</u> gms
BPD	<u>54.1</u>	<u>22</u>	<u>3</u>		
Head Circ	<u>20.2</u>	<u>22</u>	<u>3</u>	MA <u>22</u> wks <u>0</u> days	MA <u>22</u> wks <u>3</u> days
Abd Circ	<u>17.0</u>	<u>22</u>	<u>4</u>		
Femur Length	<u>38.9</u>	<u>22</u>	<u>3</u>	EDC <u>11/2/16</u>	EDC <u>11/20/16</u>
H/A Ratio	<u>1.14</u>				
Cephalic Index	<u>25.96</u>	(78.3 +/- 8.8) Ranges		EDC by previous U/S if applicable	<u>11/30/16</u>

Comments:

Barbara Pennell R.S.M.S.  
SONOGRAPHER

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Edmond, Okla. 73013

OB ULTRASOUND

Name \_\_\_\_\_ Age 32 Date 5/5/16  
Referring Physician D. Karlin OB History: pregnancies 2 children 1 miscarriages \_\_\_\_\_  
Reason for exam Fetal Age

☒ Within Normal Limits NS = Not Seen Abnormality - See Comments Below

<p>Gestation</p> <p><input checked="" type="checkbox"/> Single</p> <p><input type="checkbox"/> Multiple</p> <p># _____</p>	<p>Fetus</p> <p><input checked="" type="checkbox"/> Somatic activity</p> <p><input checked="" type="checkbox"/> Cardiac activity</p> <p><input type="checkbox"/> Respiration</p>	<p>Fetal Position</p> <p>____ Vertex</p> <p>____ Breech</p> <p>____ Frank Foot</p> <p>____ Oblique</p> <p>Head: R L</p> <p>Transverse R</p> <p>Head: R L</p> <p>Fetal Spine to Maternal</p> <p>R L Ant Post</p> <p>Sup Inf</p> <p>Position _____ Unstable _____</p>
<p>Fetal Anatomy</p> <p>Kidneys</p> <p>R L Both</p> <p>Bladder</p> <p>Extremities</p> <p>1 2 3 4</p> <p>Aorta</p> <p>Stomach</p>	<p>Amniotic Fluid</p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Low</p> <p><input type="checkbox"/> Decrease</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Severe</p> <p>AEI _____ cm's.</p>	<p>Placenta</p> <p>____ Anterior</p> <p>____ Posterior</p> <p>____ Fundal</p> <p>____ Lateral</p> <p>R L</p> <p>Low Lying</p> <p>____ Previa</p> <p>____ Marginal</p> <p>____ Partial _____ %</p> <p>____ Total</p> <p>____ Abruptio</p>
<p>Ventricles</p> <p>Thalamus</p> <p>Spine</p> <p>Cerv. Head Junc.</p> <p>3 Cord Vessel</p> <p>Cord Insert:</p> <p>Abd Plac</p> <p>Diaphragm</p> <p>4 Chamber Heart</p>	<p>GRADE 0 I II III</p>	<p>Heart Rate <u>170</u> Beats/Min.</p>

	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac	<u>45.4</u>	<u>10</u>	<u>0</u>		
Crown Rump	<u>36.1</u>	<u>10</u>	<u>3</u>	LMP <u>1/27/16</u>	EFW _____ lbs _____
BPD					EFW _____ g
Head Circ				MA <u>14</u> wks <u>1</u> days	MA <u>10</u> wks <u>1</u> day
Abd Circ					
Femur Length				EDC <u>11/2/16</u>	EDC <u>11/30/16</u>
H/A Ratio					
Cephalic Index				(78.3 +/- 8.8) Ranges	EDC by previous U/S if applicable

Comments: Baby measures 4 weeks less than by LMP.

Barbara Pennell R.D.M.S

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

AT&T

1:32 PM

86%

< Recents

Edit



message



call



FaceTime



mail

November 7, 2016

4:22 AM

Incoming Call

2 minutes

mobile

FaceTime



email

Notes



Favorites



Recents



Contacts




Keypad



Voicemail

••••• AT&T

1:32 PM

86% 

< Recents

Edit



message



call



video



mail

November 7, 2016

5:02 AM    Outgoing Call

46 seconds

phone 

+1 (7

Notes

Send Message

Share Contact



Favorites



Recents



Contacts



Keypad



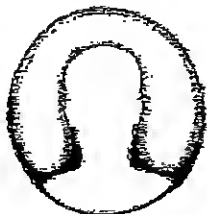
Voicemail

+0000 AT&T

1:32 PM

86%

< Recents



Oklahoma City, OK



message



call



video



mail

November 7, 2016

5:06 AM Outgoing Call

4 minutes

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Share Contact

---

Share My Location

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Create New Contact

---

Add to Existing Contact

---



Favorites



Recents



Contacts



Keypad



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OR ULTRASOUND

Name \_\_\_\_\_ Age 3 Date 7/20/15  
 Referring Physician Dr. Karlin History: pregnancies 2 children 1 miscarriages \_\_\_\_\_  
 Reason for exam Fetal Size

<input checked="" type="checkbox"/> Within Normal Limits    NS = Not Seen    Abnormality - See Comments Below	
<b>Gestation</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	<b>Fetus</b> <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration
<b>Fetal Anatomy</b> <input checked="" type="checkbox"/> Kidneys <input checked="" type="checkbox"/> R L (Both) <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities <input checked="" type="checkbox"/> 1 2 3 4 <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach <input checked="" type="checkbox"/> Ventricles <input checked="" type="checkbox"/> Thalamus <input checked="" type="checkbox"/> Spine <input checked="" type="checkbox"/> Cerv. Head Junc. <input checked="" type="checkbox"/> 3 Cord Vessel <input checked="" type="checkbox"/> Cord Insert. <input checked="" type="checkbox"/> Abd. Plac <input checked="" type="checkbox"/> Diaphragm <input checked="" type="checkbox"/> 4 Chamber Heart	<b>Amniotic Fluid</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe <u>14.7</u> cm's <input type="checkbox"/> AFI
<b>Fetal Position</b> <input checked="" type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank <u>Foot</u> <input type="checkbox"/> Oblique <input type="checkbox"/> Head: R L <input type="checkbox"/> Transverse <input type="checkbox"/> Head: R L <b>Fetal Spine to Maternal</b> <input type="checkbox"/> R L <u>Ant</u> Post <input type="checkbox"/> Sup Inf <b>Position</b> <u>OA</u> Unstable	
<b>Placenta</b> <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Previa <input type="checkbox"/> Posterior <input type="checkbox"/> Marginal <input type="checkbox"/> Fundal <input type="checkbox"/> Partial % <input type="checkbox"/> Lateral <input type="checkbox"/> Total <input type="checkbox"/> R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Abruptio <b>GRADE</b> <u>0</u> II III <b>Heart Rate</b> <u>165</u> Beats / Min.	

Measurements				Clinical	Ultrasound
men's	weeks	days			
Gestational Sac					
Crown Rump					
BPD	<u>54.1</u>	<u>22</u>	<u>3</u>	LMP <u>1/27/16</u>	EFW <u>1</u> lbs <u>2</u> oz
Head Circ	<u>20.2</u>	<u>22</u>	<u>2</u>	MA <u>28</u> wks <u>0</u> days	EFW <u>515</u> gms
Abd Circ	<u>17.6</u>	<u>22</u>	<u>4</u>		MA <u>22</u> wks <u>3</u> days
Femur Length	<u>38.9</u>	<u>22</u>	<u>3</u>	EDC <u>11/2/16</u>	EDC <u>11/20/16</u>
H/A Ratio	<u>1.14</u>				
Cephalic Index	<u>75.96</u>	(78.3 +/- 8.8) Ranges		EDC by previous U/S if applicable	<u>11/30/16</u>

Comments:

Barbara Pennell R.D.M.S.  
 SONOGRAPHER

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OB ULTRASOUND

Name \_\_\_\_\_ Age 32 Date 5/5/16  
Referring Physician D. Kaslik OB History: pregnancies 2 children 1 miscarriages  
Reason for exam Fetal Age

<input checked="" type="checkbox"/> Within Normal Limits		NS = Not Seen		Abnormality - See Comments Below	
Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	Fetal Position <input type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank Foot <input type="checkbox"/> Oblique <input type="checkbox"/> Head: R L <input type="checkbox"/> Transverse <input type="checkbox"/> Head: R L Fetal Spine to Maternal R L Ant Post <input type="checkbox"/> Sup Inf Position _____ Unstable _____			
Fetal Anatomy <input type="checkbox"/> Kidneys <input type="checkbox"/> R L Both <input type="checkbox"/> Bladder <input type="checkbox"/> Extremities <input type="checkbox"/> 1 2 3 4 <input type="checkbox"/> Aorta <input type="checkbox"/> Stomach <input type="checkbox"/> Ventricles <input type="checkbox"/> Thalamus <input type="checkbox"/> Spine <input type="checkbox"/> Cerv. Head Junc. <input type="checkbox"/> 3 Cord Vessel <input type="checkbox"/> Cord Insert: <input type="checkbox"/> Abd Plac <input type="checkbox"/> Diaphragm <input type="checkbox"/> 4 Chamber Heart	Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI _____ cm's.	Placenta: <input type="checkbox"/> Anterior <input type="checkbox"/> Previa <input type="checkbox"/> Posterior <input type="checkbox"/> Marginal <input type="checkbox"/> Fundal <input type="checkbox"/> Partial % <input type="checkbox"/> Lateral <input type="checkbox"/> Total <input type="checkbox"/> R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Abruptio 			
		GRADE 0 I II III Heart Rate <u>176</u> Beats/Min.			

	Measurements			Clinical	Ultrasound
	min's	weeks	days		
Gestational Sac	<u>45.4</u>	<u>10</u>	<u>0</u>	LMP <u>1/27/16</u>	EFW _____ lbs _____
Crown Rump	<u>36.1</u>	<u>10</u>	<u>3</u>		EFW _____ gr
BPD				MA <u>19</u> wks <u>1</u> days	MA <u>10</u> wks <u>1</u> day
Head Circ					EDC <u>11/2/16</u> EDC <u>11/30/16</u>
Abd Circ				EDC by previous US if applicable	
Femur Length					
H/A Ratio					
Cephalic Index					

Comments: Baby measures 4 weeks less than by LMP.

Barbara Pennell RDN S

SONOGRAPHER

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Moments of Bliss Midwifery Services LLC  
Dawn Karlin APRN-CNM  
519 W Main St, Weatherford, OK 73096

### Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

- I understand that I have had one or more prior cesarean(s)
- I understand that my midwife will follow OMA guidelines.
- I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.
- I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.
- The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter recuperation.
- I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without augmentation.
- I understand that my midwife will not augment or naturally stimulate a VBAC.
- I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.
- I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.
- I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.
- I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.
- I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.
- Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.
- I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section.
- I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.
- I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.
- I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as well.
- I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.
- I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

Client \_\_\_\_\_

Date 05/02/2016

Witness \_\_\_\_\_

Date 6-2-16

AT&T

1:24 PM

88%



Brandy



Text Message  
Tue, Jul 5, 8:41 AM

I know you were both going to think I am crazy however my milk has come in. I'm only 18 weeks so, am I going to hurt the baby if I start pumping?



Brandy Harris


Ideally, I wouldn't recommend you pump. It can cause contractions. Some hand express, colostrum. Hormonally, you won't make anything but colostrum until after baby is born. Leaking is super normal right now.

I'd not attempt anything until way closer to baby time. To be safe.



+++00 AT&T

1:25 PM

88% 



Brandy



Thursday 7:24 AM

Hello ladies! I tried to rest some but the contractions kept coming. Now that I am up and active again they are progressing. They are getting more painful and are lasting about 50 seconds with two minutes in between.

7:24 AM

How are you doing with those?  
Needing support yet?

7:34 AM

Yes. I am OK for an hour or two but I just want to be checked and kind of see where I am.

7:36 AM

OK. I'm on my way now takes me about 75min or so to get there.

7:39 AM

See you soon

7:42 AM



AT&T 1:25 PM 88%  
Brandy  
Needing support yet?

Yes. I am OK for an hour or two  
but I just want to be checked  
and kind of see where I am.

OK I'm on my way. It takes  
me about 75 min or so to get  
there

See you soon.

Drive safe

Ok

Thursday 10:39 AM

How are you doing?

Thursday 12:15 PM

Took a real nap. Just woke up.  
You were right about the water.




iMessage



Patient # /

+++00 AT&T

1:25 PM

88% 



Brandy



7:44 AM

Thursday 10:39 AM



10:39 AM

Thursday 12:15 PM

Took a real nap. Just woke up.  
You were right about the water  
it didn't really break. Since I  
woke up the contractions have  
been a lot less intense so  
hopefully they'll intensified we  
can get this show on the road!

12:15 PM



12:19 PM

Not what I want to hear!!

12:24 PM

I want my baby!!

12:24 PM



...oo.AT&T

1:26 PM

88%



Brandy



Not what I want to hear!!

12:24 PM

I want my baby!!

12:24 PM

AwW I hate your baby thinks  
when to come

12:25 PM

I'm glad you were able to rap

12:37 PM

Thursday 3:29 PM

How are you doing now

3:29 PM

Thursday 5:39 PM

Super tired but I'm still stuck in  
that contractions every 2 to 3  
minutes that are about 30  
seconds long. I'm just not  
progressing at all

5:39 PM

Have you been resting or what  
have you been doing?

5:40 PM

Hi - just trying to see if



Free page



Patient # /

Moments of Bliss Midwifery Services LLC

AT&T

1:26 PM

87%



Brandy



Have you been resting or what have you been doing?

5:49 PM

Hi [redacted] just trying to see if you want me to stop in and check on you before I head home.  
I'll probably just head your way and do that :)

6:28 PM

Friday 10:07 AM

So, last night at about 3 AM the contractions started again. They are about five minutes apart and last about a minute a piece.

10:07 AM

My water still hasn't broken but I feel super frustrated.

10:07 AM

I know there is no normal but I've been in pain for almost 24 hours. Does this happen to other people?

10:08 AM





AT&T

1:26 PM

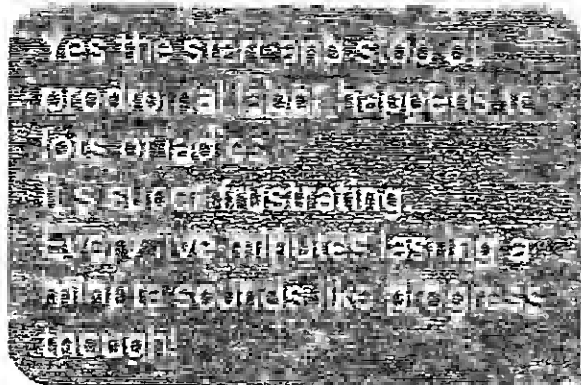
87%



Brandy



hours. Does this happen to  
other people?



10:12 AM

Brandy Harris

It has, yes. It's the strange  
space between labor and  
practice. ❤️

10:13 AM

I am just feeling really out of  
control which is super  
overwhelming to me

10:18 AM

My biggest concern is how  
long this practice contractions  
stage can last. Could I  
potentially be doing this for a  
month and a half?

10:19 AM



Message



AT&T

1:27 PM

87%



Brandy



I am just feeling really out of control which is super overwhelming to me

10:18 AM

My biggest concern is how long this practice contractions stage can last. Could I potentially be doing this for a month and a half?

10:19 AM

Do you need us to come check on you?

10:19 AM

I don't think you would be doing this for a month and a half. But some have the on and off for several days to several weeks

10:19 AM

No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Can you take a break for yourself?



••••• AT&T

1:27 PM

87%



Brandy



Weeks

No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Can you take an Epsom salt bath and try to relax?

10:21 AM

Yes.

10:24 AM

This is just sort of hitting me and my Achilles' heel. Being out of control and not knowing when or how long this is all going to last is becoming super emotional for me

10:25 AM

Try that.  
Add two cups of Epsom salt to a nice hot bath and soak for 45min or so.  
Let us know how you are after

10:26 AM



iMessage



••••• AT&T

1:27 PM

87%



Brandy



Better physically, still not great mentally.

3:00 PM

Brandy Harris

He'll come. I promise. It's okay to be disappointed. You know he's got his time and he'll show up. Release it. 💕

3:02 PM

I love you girl! He will come in his time 💕

3:05 PM

Saturday 10:54 AM

So, last night at about 8 PM my mucous plug came out. Since then I have been having consistent contractions but, my water has not broken. I am just super tired and in a ton of pain

10:54 AM

How close are they now? And lasting how long?  
And was your mucous plug

10:55 AM



Message



••••• AT&T

1:28 PM

87%



Brandy



Saturday 10:54 AM

So, last night at about 8 PM my  
mucous plug came out. Since  
then I have been having  
consistent contractions but, my  
water has not broken. I am just  
super tired and in a ton of pain

10:54 AM

How close are they now? And  
lasting how long?  
And was your mucous plug  
bloody or just mucousy?

10:55 AM

Bloody

11:14 AM

That's a great sign for progress  
Do you want someone to come  
check on you?

11:14 AM

is baby moving good?

11:14 AM

Five minutes for a minute  
apiece

11:15 AM



••••• AT&T

1:28 PM

87%



Brandy



That's a great sign for progress.  
Do you want someone to come  
check on you?

11:14 AM

Is baby moving good?

11:14 AM

Five minutes for a minute  
apiece

11:15 AM

Yes but, I came by the seminar.  
I don't know that I'll stay the  
whole time. It's from 1 to 4

11:15 AM

Ok that's good.  
Will you let us know when you  
are home and want someone to  
come?  
Is baby moving good?

11:17 AM

No. I've been worried about his  
movement. Last night I kind of  
tested it by drinking ice water  
and being really still and he  
only checked it twice in about a  
2 hour

11:17 AM



Messages



AT&T

1:28 PM

87%



Brandy



No. I've been worried about his movement. Last night I kind of tested it by drinking ice water and being really still and he only checked it twice in about a 2 hour.

11:17 AM

Ok. You can do a kick count by drinking something cold and sweet like apple juice and laying on side, feeling for movement- he should have 10 movements in 2hrs or less

11:18 AM

But we need to check on him- we can listen with a Doppler to see how he is doing it. When will you be headed home?

11:19 AM

Brandy Harris

I'm happy to come by and check in ❤️

11:22 AM

Let me know when you head



••••• AT&T

1:28 PM

86%



Brandy



11:19 AM

Brandy Harris

I'm happy to come by and  
check in ❤️

11:22 AM

Let me know when you head  
home and and I'll come see you  
and check on this kid for you.

11:40 AM



11:40 AM

Okay. I will text.

11:44 AM

Brandy Harris

Okay :)

11:47 AM

Saturday 12:54 PM

And the contractions got too  
intense so I am on my way

12:54 PM



04080007





Patient # 1

Moments of Bliss Midwifery Services LLC

AT&T

1:29 PM

86%



Brandy



11:45 AM

Okay. I will text.

11:45 AM

Brandy Harris

Okay :)

11:47 AM

Saturday 12:54 PM

And the contractions got too  
intense so I am on my way  
home

12:54 PM

Brandy Harris

Okay. I'll see ya in a bit

1:01 PM

Ok that's great

1:02 PM

Brandy Harris

20 min

1:19 PM

Saturday 8:28 PM

I'm feeling a little flu-ish. My



...00 AT&T

1:29 PM

86%



Brandy

I'm feeling a little flu-ish. My body is feeling achy and I have a little bit of a fever.

8:38 PM

What is your temperature?  
You had thought I had a fever on Thursday when I was there?

8:50 PM

100.5; been fine but he did feel feverish on Thursday

8:53 PM

How are your breasts? Any red tender lumps? Mastitis can feel like this or you could have a virus?

8:54 PM

Definitely not mastitis cause I've had that. It must just be a little virus

9:02 PM

Do you have some vitamin c you can take? And Tylenol?



Message



AT&T

1:29 PM

86%



Brandy

I've had that. It must just be a little virus

9:02 PM

Do you have some vitamin C you can take? And Tylenol for the fever? And you probably need sleep that would make you feel better I hope!

9:03 PM

Sunday 7:45 AM

I need to have a real conversation. I just had my fourth night of not sleeping and dealing with 10+ hours of mild to moderate contractions. I just don't know how much longer I can do this. Do I even have the option of calling uncle? Since I don't have insurance with the hospital even see me, since my water hasn't broken?

7:45 AM

With equals will

7:45 AM

Can I come check on you



AT&T

1:29 PM

86%



Brandy

don't have insurance with the hospital even see me, since my water hasn't broken?

With equals will

7:45 AM

can I come check on you check your cervix, or broken baby?

The hospital will see you, but they won't keep you if you aren't in labor, and your water hasn't broken.

7:46 AM

Or there are some supplements you can use to get some rest. Black haw or cramp bark to ease the contractions and for rest.

7:47 AM

Valerian root 500mg one dose

7:48 AM

It

You can come check. I will try to have o by Akins later

7:51 AM



Message



AT&T

1:30 PM

86%



Brandy



You can come check. I will try  
to have go by Akins later

7:51 AM

Or I'll be there around 9:30  
that will give me time to get  
dressed and drive there

7:52 AM

Sunday 9:33 AM

Here

9:33 AM

Sunday 5:34 PM

I ended up taking three doses  
of that medicine and  
unfortunately it still hurting.

5:34 PM

The contractions started  
getting worse about an hour  
ago

5:35 PM

Have you taken an Epsom salt  
bath this evening? And then  
the valerian to help you sleep?  
or Tylenol?

5:36 PM

••••• AT&T

1:30 PM

86%



Brandy



Have you taken an Epsom salt bath this evening? And then the valerian to help you sleep? Or Tylenol?

5:36 PM

tylenol pm

5:36 PM

Now we just got done with the shower. I hope the birthday party went good. I will take an Epson salt bath and that medicine you brought over to help me sleep

5:36 PM

Oh good- so you haven't really had a chance to rest yet?

5:37 PM

I rested for about an hour after you left and then we had to get ready for the shower

5:37 PM

Ok  
After your bath, you could take the black haw bark again to get

5:39 PM



invaluable



AT&T

1:30 PM

86%



Brandy

I rested for about an hour after  
you left and then we had to get  
ready for the shower

5:37 PM

ok

After your bath, you could take  
the black haw bark again to get  
some relief

5:39 PM

If you need it

5:39 PM

Monday 4:08 AM

I woke up at 3 AM contractions  
are minute to two minutes  
apart and they're lasting 45  
seconds to a minute.

4:08 AM

Is that ok

4:34 AM

And it has fibers in it

4:34 AM

Like vermic and hair stuff?

4:35 AM



••••• AT&T

1:30 PM

86%



Brandy...



Monday 4:08 AM

I woke up at 3 AM contractions  
are minute to two minutes  
apart and they're lasting 45  
seconds to a minute.

4:08 AM

Is that ok

4:34 AM

And it has fibers in it

4:34 AM

Like vernix and hair stuff?

4:35 AM

Yes

4:36 AM

That's normal. Is the water  
clear other than that?

4:36 AM

It was like the color of Pepsi

4:36 AM

Well that's odd  
Can you take a picture

4:37 AM



Message





Patient #/

Moments of Bliss Midwifery Services LLC

AT&T

1:30 PM

86%



Brandy



Yes

4:36 AM

Normal. Is the water  
clearer than that?

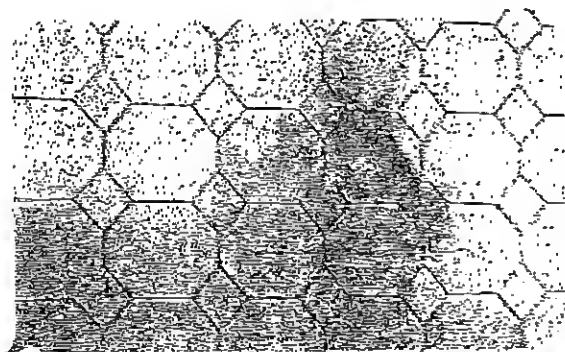
4:36 AM

It was like the color of Pepsi

4:36 AM

Well that's odd  
Can you take a picture

4:37 AM



4:40 AM

Ok  
I'll look at it when I get there.  
Looks like some meconium  
How are you doing now?

4:41 AM



AT&T

1:22 PM

89%



Text Message  
Monday 4:45 AM

This is phone is  
messing up

4:45 AM

Ok thanks :)  
Everything ok?  
I'm on my way!

4:46 AM

There is floating baby poop in  
the tub

4:46 AM

Is the baby going to be ok?

4:47 AM

Is baby moving ok?

4:47 AM

Has baby done a big flip in the  
last day or so? Sometimes  
breech babies do this?

4:49 AM

No

4:50 AM

Is the big flip or is it the  
smaller one?

4:50 AM



••••• AT&T

1:23 PM

89%



No to the big flip or no to the  
moving of?

4:50 AM

A big bubblegum pink Mucas  
thing just came.

4:53 AM

That's ok  
It's normal. Everything else  
ok?

4:53 AM

Just alot of brown

4:57 AM

I'm 45min away  
If there is that much poop I  
wonder about two things- is  
baby doing ok, and/or is baby  
breech. For either of those we  
need to go to hospital so  
can you get a bag ready?

5:00 AM

A bag is ready.

5:00 AM

doesn't know if the baby  
is ok.

5:00 AM



Two Mucous



# Patient # 1

Moments of Bliss Midwifery Services LLC

AT&T

1:23 PM

89%



Hi! I'm going to the hospital  
I need to go to hospital so  
can you get a bag ready?

5:00 AM

A bag is ready.

5:00 AM

doesn't know if the baby  
is ok.

5:00 AM

I can meet you at the hospital  
are you going to mercy?

5:01 AM

Sure

5:01 AM

Let me know when y'all are in  
the car and heading that way

5:13 AM

We are almost there

5:18 AM

Ok good :)  
Hoping you are there now  
I'm like 10min away

5:34 AM

We are in

5:35 AM



*Moments of Bliss Midwifery Services*

Moments of Bliss Midwifery Services LLC  
Dawn Karlin APRN-CNM

# INFORMED CONSENT FORM

I hereby acknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary; I will be taken to a medical facility and be seen by the physician on call for my care.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

I will obtain laboratory tests recommended by my midwife.

- A regular schedule of prenatal visits will be followed.
- If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pediatrician to examine the baby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT YOUR NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: 05/02/2016

SIGNATURE OF MIDWIFE: \_\_\_\_\_

DATE: 5-2-16

ADM 11/7/2016, D/C 11/7/2016

All Orders (continued)

DISCHARGE PATIENT (continued)

Instance released by: Eppard, Gregory G, MD (auto-released) 11/7/2016 4:17 PM

End of Encounter

Progress Notes by Brown, Holli A, RN at 11/7/2016 6:00 AM

Author: Brown, Holli A, RN	Service: (none)	Author Type: Registered Nurse
Date of Service: 11/7/2016 6:00 AM	Filed: 11/7/2016 9:07 AM	Note Type: Progress Notes
Status: Addendum	Editor: Brown, Holli A, RN (Registered Nurse)	
Related Notes: Original Note by Brown, Holli A, RN (Registered Nurse) filed at 11/7/2016 9:02 AM		

Pt is a G2P1 at 36.5wks IUP that presents to triage with complaints of possible SROM. Pt has been seeing midwife Dawn Karlin for her prenatal visits and has approx 10PNV per midwife. Pt states she has been contracting irregularly since 11/2. Pt states she SROM at 0422 and infant "possibly had a bowel movement inside." Pt had a c/s 15mo ago and was planning to VBAC at home. Midwife told pt to come to Mercy after pt notified her of "colored amniotic fluid." Pt states she is contracting q2min and denies any vaginal bleeding at this time.

0543-Attempted to place pt on external monitor. Pt stated she last felt fetal movement in her car on the way to the hospital.

0545-SVE done by HBrown and unknown presenting part felt that was not vertex. Meconium stained fluid noted.

0546-SVE done by E. Veatch

0547- SpO2 placed to determine FHTs

0550-Dr. Bishop called to BS and US called for to assist in locating FHTs

0551-Dr. Bishop at BS for SVE and determine fetus was breech

0553-US on and no FHTs visualized

0556-Pt prepped for c/s and transferred to OR#3

# Patient #1

MERCY HOSPITAL OKLAHOMA CITY  
4300 W Memorial Rd  
Oklahoma City OK 73120-8304

ADM 11/7/2016, D/C 11/7/2016

H&P by Bishop, Nancy M, MD at 11/7/2016 8:06 AM

Author: Bishop, Nancy M, MD	Service: (none)	Author Type: Physician
Date of Service: 11/7/2016 8:06 AM	Filed: 11/7/2016 8:13 AM	Note Type: H&P
Status: Signed	Editor: Bishop, Nancy M, MD (Physician)	

OB Admission H&P

Chief Complaint: contractions

History of Present Illness:

is a 33 y.o. G1P0 at 37 weeks EGA brought here by midwife who was laboring at home. She states she had been laboring at home since Wednesday. She had a previous c section 16 months ago. Midwife brought her to the hospital (Dawn) due to unknown presentation. Patient states she has been ruptured for over 24 hours. She states she is feeling fetal movement.

OB History

Gravida	Para	Term	Preterm	AB	SAB	TAB	Ectopic	Multiple	Living
---------	------	------	---------	----	-----	-----	---------	----------	--------

1

#	Outcome	Date	GA	Lbr Len/2nd	Weight	Sex	Delivery	Anes	PTL	Lv
1	Current									

Active Problems:

Abnormal labor

Past Medical History

Diagnosis

Date

- Endometriosis
- History of shingles

2/1/2010

GYNHx: denies history of abnormal pap smears. denies history of sexually transmitted diseases.

FHx: Non-contributory. denies history of congenital anomalies.

Past Surgical History

Procedure

Laterality

Date

- Pt denies relevant surgical history

Social History

Substance Use Topics

- Smoking status: Former Smoker — 14 years
- Types: Cigarettes
- Smokeless tobacco: Never Used

OKLC HEALTH  
INFORMATION  
MANAGEMENT  
4300 W Memorial

Printed by 145027 at 4/10/18 10:53 AM

MERCY HOSPITAL OKLAHOMA CITY  
4300 W Memorial Rd  
Oklahoma City OK 73120-8304

Patient # 1

ADM 11/7/2016, D/C 11/7/2016

Operative Report by Bishop, Nancy M, MD at 11/7/2016 8:13 AM

Author: Bishop, Nancy M, MD  
Date of Service: 11/7/2016 8:13 AM  
Status: Signed

Service: (none)  
Filed: 11/7/2016 8:19 AM  
Editor: Bishop, Nancy M, MD (Physician)

Author Type: Physician  
Note Type: Operative Report

Operative Procedure Note

NAME:

MRN:

DATE OF OPERATION/PROCEDURE:  
11/7/2016

PREOPERATIVE DIAGNOSES:

1. Intrauterine pregnancy at 37 weeks
2. Insufficient prenatal care
3. S/p failed breech VBAC at home
4. NRFHTs
5. Previous c/s X 1

POSTOPERATIVE DIAGNOSES:

SAME

PROCEDURE PERFORMED:

Repeat low transverse cesarean section.

SURGEON:

Nancy M Bishop, MD

ASSISTANT:

Scrub techs and Dr. Lewis

ANESTHESIOLOGIST:

Dr. Caldwell

ANESTHESIA:

Spinal

IV FLUIDS:

Crystalloid. 1000mL

ESTIMATED BLOOD LOSS:

800mL

URINE OUTPUT:

200mL of clear urine via foley catheter.

OKLC HEALTH  
INFORMATION  
MANAGEMENT  
4300 W Memorial

Printed by 145027 at 4/10/18 10:53 AM



Moments of Bliss Midwifery Services LLC

are you currently monogamous? do you have pain during intercourse? birth control used in the past  
Pill

complications with birth control  
Hormone imbalance

have you ever had any of the following conditions?

Ovarian cysts - Active Pcos. Current amount or severity unknown.

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fa...	FHT	Protel...	Int. Exam	Labs
5/12/16, 10:12 AM	9.0	None	193	124/86	88	Cwd	N/A	N/A	Neg / Neg	No	Yes
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 50 headaches Yes</p> <p>headache comments Occasional-thinks it is allergies visual disturbances No dizziness No fainting No GI signs/symptoms No dysuria (S&amp;S of UTI) No</p> <p>abnormal vaginal discharge No bleeding Yes bleeding comments Mostly brown spotting, had some bright red spotting yesterday</p> <p>Back/hip/pubis pain Yes itchininess No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal</p> <p>fatigue Yes nausea Yes vomiting No fever of 101 or more No other Yes other comments Round ligament pain contractions None FM</p> <p>administered Rhogam No performed urine test Yes ketones Neg nitrites Neg leukocytes Trace color Light clarity Clear blood +2 ph 8</p> <p>had physical exam Yes HEENT Normal lungs Normal extremities &amp; skin Normal heart Normal abdominal &amp; back Normal neuro Normal breasts comments Deferred</p> <p>genitourinary comments Deferred pap performed No labs ordered Yes lab ordered details Prenatal Panel labs ordered notes Vitamin d level, progesterone, bHcg quant</p> <p>ultrasound ordered Yes ultrasound ordered notes She is going to call to schedule with ultrasound unlimited meds/supplements No</p> <p>payment entered under billing? Yes next visit date 6/9/16, 10:00 AM</p> <p>comments S: Saw today for new ob appt. Reports some nausea, also has been having spotting mostly brown but had red spotting yesterday. Desiring homebirth and seeking midwifery care. O: see flowchart A: 30yo G2P1001 w/IUP at 9w0d by LMP, scwd, 1st trimester bleeding P: Discussed midwifery care, diet and exercise for pregnancy and recommended weight gain. Questions answered, consents signed. New ob labs and vitamin d level today. Also progesterone and bHcg, info provided for ultrasound unlimited, she will call to schedule 1st trimester u/s. Reviewed 1st trimester precautions. Will r/c 4wks or sooner prn. Planning to schedule with ultrasound unlimited for 1st trimester and anatomy scan ultrasound. signed off by Dawn Karlin on 5/13/16, 7:08 AM</p>											
6/9/16, 10:13 AM	9.3	None	199	138/76	73	Cwd	N/A	158	Trace / Neg	No	No
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 35 headaches No visual disturbances No</p> <p>dizziness No fainting No GI signs/symptoms Yes GI comments Diarrhea yesterday dysuria (S&amp;S of UTI) No abnormal vaginal discharge No</p> <p>bleeding No Back/hip/pubis pain Yes pain comments Seeing chiro and starting massage itchininess No leg cramps No varicose veins No injuries No</p> <p>Pre-E signs/symptoms No Emotional/Mental status Normal fatigue Yes fatigue comments So tired nausea Yes vomiting No fever of 101 or more No</p>											

# Patient #3

Moments of Bliss Midwifery Services LLC

other No	contractions None	FM -	administered Rhogam No	performed urine test Yes	ketones Neg	nitrites Neg	leukocytes Neg	color Concentrated
clarity Clear	blood Neg	ph 6	had physical exam No	labs ordered No	ultrasound ordered No	meds/supplements No	next visit date 7/7/16, 11:30 AM	

comment:  
S: Saw today for 4wk RTO appt. Reports some nausea, reports overall feeling good except tired, hasn't had any more spotting since starting the progesterone.  
O: see flowchart  
A: 30yo G2P1001 w/IUP at 9w3d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac  
P: Reviewed 1st trimester precautions. Questions answered. Will r/c 4wks or sooner pm.  
signed off by  
Dawn Karlin on 6/10/16, 8:52 AM

## Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protal...	Int. Exam	Labs
7/6/16, 11:49 AM	13.5	None	202	126	78	Cwd	N/A	145	Trace / Neg	No	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office	visit duration 35	headaches No	visual disturbances No					
dizziness No	fainting No	GI signs/symptoms Yes	GI comments Nausea	dysuria (S&S of UTI) No	abnormal vaginal discharge Yes						
VD comments Greenish mucous, denies pain or itching or odor, feels like it is normal					bleeding No	Back/hip/pubis pain Yes					
pain comments Seeing dr Duncan for chiro	itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No						
Emotional/Mental status Normal	fatigue No	fever of 101 or more No	other Yes								
other comments Having some aching lower abd when first wakes up, feels better after urinating and being awake, moving around.					contractions None	FM +					
administered Rhogam No	performed urine test Yes	ketones Neg	nitrites Neg	leukocytes Trace	color Concentrated	clarity Clear	blood Neg	ph 6.5			
had physical exam No	labs ordered No	ultrasound ordered No	meds/supplements No	next visit date 8/4/16, 11:30 AM							
comment: S: Saw today for 4wk RTO appt. Reports some nausea, reports overall feeling good. Denies vb or cramping. O: see flowchart A: 30yo G2P1001 w/IUP at 13w6d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac P: Reviewed 2nd trimester precautions. Questions answered. Will r/c 4wks or sooner pm.										signed off by Dawn Karlin on 7/6/16, 12:28 PM	
8/4/16, 11:32 AM	18.0	None	205	132/85	92	Cwd	N/A	131	Neg / Neg	No	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office	visit duration 35	headaches Yes						
headache comments Bad headache the other day, took Tylenol	visual disturbances No	dizziness No	fainting No	GI signs/symptoms Yes							
GI comments NAv one day before lunch, she feels like she let her BS drop too low; reflux		dysuria (S&S of UTI) No									
abnormal vaginal discharge No	bleeding No	Back/hip/pubis pain Yes	pain comments SI joint- chiro, yoga and massage	itchiness No	leg cramps No						
varicose veins No	injuries No	Pre-E signs/symptoms No	Emotional/Mental status Normal	fatigue Yes	fever of 101 or more No	other No					

contractions	FM	administered Rhogam	performed urine test	ketones	nitrites	leukocytes	color	clarity
None	+	No	Yes	Neg	Neg	+1	Light	Clear
blood	ph	had physical exam	labs ordered	ultrasound ordered	meds/supplements	next visit date		
Neg	7	No	No	No	No	9/8/16, 11:30 AM		
<p>comments</p> <p>today for 4wk RTD appt. Reports some sinus congestion with headache. Denies vb or cramping.</p> <p>D: see flowchart</p> <p>A: 30yo G2P1001 w/IUP at 18w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac</p> <p>P: Reviewed 2nd trimester precautions. Questions answered. Recommended magnesium for headache, may take with Tylenol. Will r/c 4wks or sooner pm.</p> <p>signed off by</p> <p>Dawn Karlin on 8/4/16, 1:01 PM</p>								

## Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
9/9/16, 10:08 AM	23.1	None	211	138/73	93	24	N/A	148	Trace / Neg	No	No
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 40 headaches No visual disturbances No</p> <p>dizziness No fainting No GI signs/symptoms No dysuria (S&amp;S of UTI) No abnormal vaginal discharge No bleeding No</p> <p>Back/hip/pubis pain No pain comments Seeing Dr Duncan for chiropractic care itchiness No leg cramps No varicose veins No injuries No</p> <p>Pre-E signs/symptoms No Emotional/Mental status Normal fatigue No nausea No vomiting No fever of 101 or more No other Yes</p> <p>other comments Questions about umbilical hernia contractions Occasional contractions comments A little tightening with round ligament pain during walking FM +</p> <p>administered Rhogam No performed urine test Yes ketones Neg nitrites Neg leukocytes +1 color Concentrated clarity Cloudy blood Neg</p> <p>ph 7 s.g. 1.D15 had physical exam No labs ordered No ultrasound ordered No meds/supplements No next visit date 10/6/16, 3:00 PM</p> <p>comments</p> <p>today for 5wk RTD appt. overall feeling good. Denies vb or cramping.</p> <p>D: see flowchart</p> <p>A: 30yo G2P1001 w/IUP at 23w1d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2yc</p> <p>P: Reviewed 2nd trimester precautions. Questions answered. Will r/c 4wks or sooner pm. 1hr gs, CBC, and vitamin d level next visit.</p> <p>signed off by</p> <p>Dawn Karlin on 9/9/16, 10:43 AM</p>											
10/6/16, 3:09 PM	27.0	None	221	122/82	102	27	Transv.	128	Trace / Trace	No	Yes
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 45 headaches Yes</p> <p>headache comments Occasional, goes away with hydration visual disturbances No dizziness No fainting No GI signs/symptoms Yes</p> <p>GI comments Constipation, taking probiotic dysuria (S&amp;S of UTI) No abnormal vaginal discharge No bleeding No Back/hip/pubis pain Yes</p> <p>pain comments Goes to chiropractor itchiness No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No</p> <p>Emotional/Mental status Normal fatigue Yes nausea No vomiting No fever of 101 or more No other No contractions Occasional FM ++</p> <p>administered Rhogam No performed urine test Yes ketones Trace nitrites Neg leukocytes Neg color Light clarity Clear blood Neg ph 6.5 s.g. 1.010</p>											

# Patient #3

Moments of Bliss Midwifery Services LLC

had physical exam No	labs ordered Yes	lab ordered details Other	labs ordered notes 1hr gs, CBC, and vitamin d level	ultrasound ordered No
meds/supplements No	next visit date 10/27/16, 11:00 AM			
comments today for 4-wk RTO appt. overall feeling good. Denies vb or cramping.				
O: see flowchart				
A: 30yo G2P1001 w/IUP at 27w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc				
P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c 3wks or sooner pm.				
1hr gs, CBC and vitamin d level today.				
signed off by Dawn Karlin on 10/6/16, 3:46 PM				

Prenatal Visits												
visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int Exam	Labs	
10/27/16, 11:18 AM	30.0	None	217	123/74	93	30	ROT	132	Trace / Neg	No	No	
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office		visit duration 30	headaches No		visual disturbances No				
dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No		abnormal vaginal discharge No		bleeding No					
Back/hip/pubis pain Yes	pain comments Pelvis was hurting after walking around downtown, saw chiro, feels better today		itchiness No									
leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No	Emotional/Mental status Normal		fatigue No	nausea No	vomiting No				
fever of 101 or more No	other No	contractions Occasional	contractions comments One or two a day		FM ++	administered Rhogam No	performed urine test Yes					
ketones Trace	nitrites Neg	leukocytes Neg	color Concentrated	clarity Clear	blood Neg	ph 7	s.g. 1.020	had physical exam No	labs ordered No			
ultrasound ordered No	meds/supplements No	payment entered under billing? Yes		next visit date 11/10/16, 4:00 PM								
comments today for 3wk RTO appt. Overall feeling good. Denies vb or lof.												
O: see flowchart												
A: 30yo G2P1001 w/IUP at 30w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc												
P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c 2wks or sooner pm.												
signed off by Dawn Karlin on 10/27/16, 12:25 PM												
11/10/16, 4:32 PM	32.0	Mild	218	130/83	97	32	ROA	129	Trace / Neg	No	No	
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office		visit duration 45	headaches No		visual disturbances No				
dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No		abnormal vaginal discharge No		bleeding No					
Back/hip/pubis pain No	itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No	Emotional/Mental status Normal						
fatigue Yes	nausea No	vomiting No	fever of 101 or more No	other Yes	other comments Carpal tunnel	contractions Occasional						
contractions comments Some tightenings and mild pressure		edema notes Feet		FM ++	administered Rhogam No	performed urine test Yes		ketones Neg				
nitrites Neg	leukocytes Trace	color Concentrated	clarity Clear	blood Neg	ph 7	s.g. 1.020	had physical exam No	labs ordered No				

ultrasound ordered    meds/supplements    next visit date  
No                              No                              11/23/16, 1:30 PM

comm.

S: Saw                              today for 2wk RTO appt. Overall feeling good. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 32w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c 2wks or sooner pm.

signed off by

Dawn Karlin on 11/10/16, 4:55 PM

### Prenatal Visits

visit date	Wts	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
11/23/16, 1:47 PM	33.6	None	219	119/73	119	33	ROA	145	Trace / Neg	No	No
<p>supervised by    performed by    assisted by    visit type    visit duration    headaches    visual disturbances Dawn Karlin    Dawn Karlin    Lauren Scarbrough    In Person - Office    45    No    No</p> <p>dizziness    fainting    GI signs/symptoms    dysuria (S&amp;S of UTI)    abnormal vaginal discharge    bleeding No    No    No    No    No    No</p> <p>Back/hip/pubis pain    pain comments    itchiness    leg cramps    varicose veins    injuries    Pre-E signs/symptoms Yes    Pelvic discomfort    No    No    No    No    No</p> <p>Emotional/Mental status    fatigue    fatigue comments    nausea    vomiting    fever of 101 or more    other Normal    Yes    Resting when she can    No    No    No    No</p> <p>contractions    contractions comments    FM Occasional    Felt more Braxton hicks type UC in the last week, nothing strong just feeling tightness, not feeling them this week.    ++</p> <p>administered Rhogam    performed urine test    ketones    nitrites    leukocytes    color    clarity    blood    ph No    Yes    +3    Neg    +2    Concentrated    Clear    Neg    6.5</p> <p>s.g.    had physical exam    labs ordered    ultrasound ordered    meds/supplements    next visit date 1.020    No    No    No    No    12/5/16, 2:00 PM</p> <p>comm.</p> <p>S: Saw                              for 2wk RTO appt. Overall feeling good. Denies vb or lof.</p> <p>O: see flowchart</p> <p>A: 30yo G2P1001 w/IUP at 33w6d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc</p> <p>P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will t/u with home visit in 2wks or sooner pm.</p> <p>signed off by Dawn Karlin on 11/23/16, 2:21 PM</p>											
12/5/16, 2:15 PM	35.4	None		125/81	106	36	ROA	134		No	No
<p>supervised by    performed by    assisted by    visit type    visit duration    headaches    visual disturbances Dawn Karlin    Dawn Karlin    Lauren Scarbrough    In Person - Home    90    No    No</p> <p>dizziness    fainting    GI signs/symptoms    dysuria (S&amp;S of UTI)    abnormal vaginal discharge    bleeding No    No    No    No    No    No</p> <p>Back/hip/pubis pain    pain comments    itchiness    leg cramps    varicose veins    injuries Yes    A little bit of lower back pain    No    No    No    No</p> <p>Pre-E signs/symptoms    Emotional/Mental status    fatigue    nausea    vomiting    fever of 101 or more    other    FM No    Normal    No    Yes    No    No    No    ++</p> <p>administered Rhogam    performed urine test    had physical exam    labs ordered    lab ordered details    ultrasound ordered No    No    No    Yes    GBS culture    No</p> <p>meds/supplements    next visit date No    12/15/16, 10:00 AM</p>											

comm  
S: Sat. today for 2wk home visit appt. Overall feeling good. Denies vb or lof.  
O: see flowchart  
A: 30yo G2P1001 w/UUP at 35w4d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc  
P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c next week or sooner  
pm. Gbs today.  
signed off by  
Dawn Karlin on 12/5/16, 2:46 PM

## Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protai...	Int. Exam	Labs
12/15/16, 9:58 AM	37.0	None	221	128/83	110	34	N/A	130		No	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office	visit duration 30	headaches No	visual disturbances No					
dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No	abnormal vaginal discharge No	bleeding No						
Back/hip/public pain Yes	pain comments Seeing chiro	itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No					
Emotional/Mental status Normal	Emotional/Mental status comments Had one day of being nervous and scared for birth, the next day she felt better	fatigue No									
nausea Yes	vomiting No	fever of 101 or more No	other No	contractions Occasional	FM ++	administered Rhogam No	performed urine test Yes				
ketones Neg	color Concentrated	clarity Clear	had physical exam No	labs ordered No	ultrasound ordered No	next visit date 12/22/16, 10:00 AM					
commen											
S: Saw	Jay for 1wk r/c appt. Has had some back pain, otherwise feeling good. Denies vb or lof. A little worried about changing movements but has been able to do kick counts for reassurance without difficulty. Feels like baby is really low, chiro adjusted her pubic symphysis back into place on Tuesday.										
O: see flowchart											
A: 30yo G2P1001 w/UUP at 37w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc											
P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered, reviewed fetal kick counts- discussed bpp if desired or if unable to do kick count. Will r/c next week or sooner pm.											
signed off by Dawn Karlin on 12/15/16, 10:22 AM											
12/22/16, 10:22 AM	38.0	None	223	113/71	88	37	ROT	140	Neg	Neg	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office	visit duration 35	headaches No	visual disturbances No					
dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No	abnormal vaginal discharge No							
VD comments Every now and then chunks of mucus	bleeding No	Back/hip/public pain Yes									
pain comments Around sacrum and pubic symphysis, seeing chiro	itchiness No	leg cramps No	varicose veins No	injuries No							
Pre-E signs/symptoms No	Emotional/Mental status Normal	Emotional/Mental status comments Has been irritable	fatigue Yes	nausea Yes	vomiting No						
fever of 101 or more No	other No	contractions Occasional	FM ++	administered Rhogam No	performed urine test Yes	ketones Neg	nitrates Neg				
leukocytes Neg	color Light	clarity Clear	blood Neg	ph 7	s.g. 1.010	had physical exam No	labs ordered No	ultrasound ordered No			
meds/supplements No	next visit date 12/29/16, 9:00 AM										

**comment**

S: Saw I / today for 1wk rtc appt. Has had some back pain, otherwise feeling good. Denies vb or lof.  
 O: see flowchart  
 A: 30yo G2P1001 w/IUP at 38w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc  
 P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will rtc next week or sooner pm.  
 signed off by  
 Dawn Karlin on 12/22/16, 10:52 AM

**Prenatal Visits**

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Proel...	Int. Exam	Labs
12/29/16, 9:13 AM	39.0	None	223	105/63	85	38	RDI	134	Trace / Neg	No	No
supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 30 headaches No visual disturbances No dizziness No fainting No GI signs/symptoms No dysuria (S&S of UTI) No abnormal vaginal discharge No bleeding No Back/hip/pubis pain Yes pain comments Pelvic discomfort, achiness itchiness No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal fatigue No nausea Yes vomiting No fever of 101 or more No other No contractions Occasional contractions comments Feeling less frequent but stronger FM ++ EFW 7lb administered Rhogam No performed urine test Yes ketones Neg nitrites Neg leukocytes +1 color Concentrated clarity Cloudy blood Neg ph 6.5 s.g. 1.025 had physical exam No labs ordered No ultrasound ordered No meds/supplements No next visit date 1/3/17, 10:00 AM											
<b>comment</b> S: Saw oday for 1wk rtc appt. Has had some pelvic pain, otherwise feeling good. Denies vb or lof. O: see flowchart A: 30yo G2P1001 w/IUP at 39w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will rtc next week or sooner pm. signed off by Dawn Karlin on 12/29/16, 9:50 AM											
1/3/17, 10:01 AM	39.5	Mild	220	123/85	99	40	ROT	134	Trace / Neg	No	No
supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 30 headaches No headache comments Occasionally feels on verge of headache but goes away when she eats or drinks something visual disturbances No dizziness No fainting No GI signs/symptoms No dysuria (S&S of UTI) No abnormal vaginal discharge No bleeding No Back/hip/pubis pain Yes pain comments Seeing chiro weekly itchiness No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal fatigue Yes fatigue comments Feels like is getting plenty of sleep, just tired nausea Yes nausea comments Annoying, irregular, more common about 30min after eating vomiting No fever of 101 or more No other No contractions Occasional edema notes Feet and fingers FM ++ administered Rhogam No performed urine test Yes ketones Trace nitrites Neg leukocytes Neg color Light clarity Cloudy											

# Patient # 3

## Moments of Bliss Midwifery Services LLC

blood ph s.g. had physical exam labs ordered ultrasound ordered meds/supplements next visit date  
Neg 7 1.010 No No No No 1/10/17, 10:00 AM

### comm:

S: Saw day for 1wk r/c appt. Has had some nausea and back pain, otherwise feeling good. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 39w5d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will r/c next week or sooner pm.

signed off by

Dawn Karlin on 1/3/17, 10:19 AM

### Prenatal Visits:

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protel...	Inf Exam	Labs
1/10/17, 10:10 AM	40.5	Mild	223	123/80	86	39	Vertex	134	Neg / Neg	No	No
<p>supervised by Dawn Karlin performed by Dawn Karlin visit type In Person - Office visit duration 30 headaches No visual disturbances No dizziness No</p> <p>fainting No GI signs/symptoms No GI comments Looser stools dysuria (S&amp;S of UTI) No abnormal vaginal discharge Yes</p> <p>VO comments Reddish brown mucous plug this morning, about a quarter size bleeding No Back/hip/pub pain Yes Itchiness No leg cramps No</p> <p>varicose veins No Injuries No Pre-E signs/symptoms No Emotional/Mental status Normal fatigue No nausea Yes vomiting No</p> <p>fever of 101 or more No other No contractions Occasional edema notes Hands FM ++ administered Rhogam No performed urine test Yes ketones Neg</p> <p>nitrites Neg leukocytes Neg color Concentrated clarity Clear blood Neg ph 6 s.g. 1.020 had physical exam No labs ordered No</p> <p>ultrasound ordered No meds/supplements No next visit date 1/16/17, 1:00 PM</p> <p>comm:</p> <p>S: Saw today for 1wk r/c appt. Continues to have some nausea and back pain, otherwise feeling good. Encouraged by seeing bloody mucous plug this am. Denies vb or lof.</p> <p>O: see flowchart</p> <p>A: 30yo G2P1001 w/IUP at 40w5d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc</p> <p>P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will r/c next week or sooner pm.</p> <p>signed off by</p> <p>Dawn Karlin on 1/16/17, 1:10 PM</p>											
1/16/17, 1:10 PM	41.4	None	224	139/73	89	37.5	ROA	147	Neg / Neg	0, 60%	No
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 60 headaches No visual disturbances No</p> <p>dizziness No fainting No GI signs/symptoms No dysuria (S&amp;S of UTI) No abnormal vaginal discharge No bleeding No</p> <p>Back/hip/pub pain Yes pain comments Has chiro and acupuncture appt tomorrow Itchiness No leg cramps No varicose veins No injuries No</p> <p>Pre-E signs/symptoms No Emotional/Mental status Normal Emotional/Mental status comments Really emotional today about wanting labor to start fatigue Yes nausea No</p> <p>vomiting No fever of 101 or more No other No contractions Occasional FM ++ administered Rhogam No performed urine test Yes ketones Neg</p> <p>nitrites Neg leukocytes +2 color Concentrated clarity Clear blood Neg ph 7 s.g. 1.010 fetal station -2 had physical exam No labs ordered No</p>											



ultrasound ordered No	meds/supplements No	next visit date 1/18/17, 12:00 PM
--------------------------	------------------------	--------------------------------------

commer  
S: Saw day for 1wk ric appt. Ready for baby, emotional, teary eyed. Denies vb or lof.  
O: see flowchart  
A: 30yo G2P1001 w/IUP at 41w4d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc  
P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Discussed options for plan of care including continued expectant management with recommendation for BPP in the next couple of days, foley bulb for labor encouragement, herbal/homeopathics for labor, transfer of care to hospital provider. At this time she elects to do foley and will consider herbals/homeopathics over the next couple of days. She will keep appt for acupuncture and chiro tomorrow if not in labor. Foley bulb placed intracervically- She will let me know when the foley bulb falls out.  
signed off by  
Dawn Karlin on 1/16/17, 10:18 PM

Prenatal Visits											
visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
1/16/17, 8:13 PM	41.4						ROA	143-150		5, 80%	
supervised by Dawn Karlin	performed by Dawn Karlin	visit type In Person - Home	visit duration 15	FM ++	fetal station -2						
<p>comments Received text from 6:30pm that foley bulb is out so made plan to go after clinic to her home to do a check and sweep. Sve with sweep completed, reviewed call when pattern is 4-1-1 or sooner Pm. She verbalized understanding and will continue to plan to do acupuncture and chiropractor tomorrow if not in labor. signed off by Dawn Karlin on 1/16/17, 10:14 PM</p>											

Lab Result						signed off by Dawn Karlin on 12/16/16, 10:08 AM	
labs drawn date 12/6/16	lab title Final results from RML for Group B Strep Culture	lab is for Mom	Wks 35.5 GA	report status Final			
collected date 12/6/16, 2:55 PM	received by lab date 12/6/16, 11:35 PM	results reported date 12/8/16, 9:08 AM					
lab ordered by DAWN KARLIN	GBS Positive						

status test result  
Final Group B Strep Culture FOOTNOTE

notes

\*\*\*\*\* Notes Begin \*\*\*\*\*  
\*\*\* Accession: 16-341-007570  
\*\*\*  
\*\*\*  
\*\*\* Microbiology  
\*\*\*  
\*\*\*  
\*\*\* Procedure: Group B Strep Culture [private comments]  
\*\*\* Source: Vag/Rect Body Site:  
\*\*\* Collected 12/06/2016 Received 12/06/2016  
\*\*\* Date/Time: 14:55 Date/Time: 23:35  
\*\*\* Start Date/ 12/06/2016 23:35  
\*\*\* Time:  
\*\*\*  
\*\*\* \*\*\*FINAL REPORTS\*\*\*  
\*\*\* Verified Date/Time: 12/08/2016 09:08  
\*\*\* Positive for Streptococcus agalactiae (Group B)  
\*\*\*  
\*\*\*  
\*\*\* Performing Locations  
\*\*\* pl: This test was performed at:  
\*\*\* RML Tulsa Central Lab, 4142 S Mingo Rd.,  
\*\*\* Tulsa, OK, 74146- , USA  
\*\*\*\*\* Notes End \*\*\*\*\*

Lab Result

labs drawn date	lab title	Wks	report status
12/6/16	Preliminary results from RML for Group B Strep Culture	35.5 GA	Preliminary
	collected date received by lab date results reported date		
	12/6/16, 2:55 PM 12/6/16, 11:35 PM 12/7/16, 2:55 PM		

lab ordered by  
DAWN KARLIN

status test result  
Preliminary Group B Strep Culture FOOTNOTE

notes

\*\*\*\*\* Notes Begin \*\*\*\*\*  
\*\*\* Accession: 16-341-007570  
\*\*\*  
\*\*\*  
\*\*\* Microbiology  
\*\*\*  
\*\*\*  
\*\*\* Procedure: Group B Strep Culture [private comments]  
\*\*\* Source: Vag/Rect Body Site:  
\*\*\* Collected 12/06/2016 Received 12/06/2016  
\*\*\* Date/Time: 14:55 Date/Time: 23:35  
\*\*\* Start Date/ 12/06/2016 23:35  
\*\*\* Time:  
\*\*\*  
\*\*\* \*\*\*PRELIMINARY REPORTS\*\*\*  
\*\*\* Verified Date/Time: 12/07/2016 14:55  
\*\*\* Culture in progress  
\*\*\*  
\*\*\*  
\*\*\* Performing Locations  
\*\*\* pl: This test was performed at:  
\*\*\* RML Tulsa Central Lab, 4142 S Mingo Rd.,  
\*\*\* Tulsa, OK, 74146- , USA  
\*\*\*\*\* Notes End \*\*\*\*\*

Lab Result

signed off by: Dawn Karlin on 10/12/16, 3:04 PM

labs drawn date	lab title	lab is for	Wks	report status
10/6/16	Final results from RML for VIT D TOTL	Mom	27.0 GA	Final
	collected date received by lab date results reported date			
	10/6/16, 2:40 PM 10/7/16, 12:17 AM 10/7/16, 1:10 AM			

lab ordered by  
DAWN KARLIN

vitamin D  
20

## Admissions

Admission Time	Contraction...	BP	Fe...	FHT	Contraction Fr...	Internal Exam	Discharged
1/17/17, 6:15 PM	1/17/17, 9:00 AM	125/94	LOP	128	3-5, 60, Mod	No	No
<p>weeks gestation 41.5</p> <p>Subjective</p> <p>Last Food Eaten      Last Time Slept      Last Bowel Movement      Recent Hydration  Lunch at 12:00pm      Slept from 2:00-4:00am      1-16-17      Drinking juice smoothie currently</p> <p>Emotions      location      pulse      Tmp      performed urine test  Ready to meet her baby      Home      103      98      No</p> <p>time of arrival      person(s)  1/17/17, 6:15 PM      Lauren Scarbrough</p> <p>time of arrival      person(s)  1/17/17, 7:15 PM      Dawn Karlin</p> <p>had physical exam      comments      signed off by  No      coping well, pacing/swaying and breathing through UC      Dawn Karlin on 1/18/17, 3:17 AM</p>							

## Labor Flow

Status Time	Labor Status	BP	Pulse	Tmp	Fe...	FHT	Contraction Fr...	Internal Exam	Inp...
1/17/17, 6:15 PM	1st Stage - Active	125/94	103	98.8	LOP	128	3-5, 60, Srg	No	
<p>Labor Status      supervised by      performed by      maternal position      maternal location      signed off by  1st Stage - Active      Dawn Karlin      Lauren Scarbrough      Reclining      Couch      Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 6:40 PM	1st Stage - Active				LOP	128-142	3-5, 60, Mod	No	
<p>Labor Status      supervised by      performed by      maternal position      positioned on or with      maternal location  1st Stage - Active      Dawn Karlin      Lauren Scarbrough      Reclining      Couch      Couch</p> <p>FHT status      signed off by  Accels      Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 6:51 PM	1st Stage - Active						3-5, 60, Mod	No	
<p>Labor Status      supervised by      performed by      maternal position      positioned on or with      maternal location  1st Stage - Active      Dawn Karlin      Lauren Scarbrough      Kneeling      Floor      Floor</p> <p>comments      signed off by  Abx administered in left hip, Rocephin 1gram      Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:00 PM	1st Stage - Active					145	3-5, 60, Mod	No	
<p>Labor Status      supervised by      performed by      maternal position      positioned on or with      maternal location  1st Stage - Active      Dawn Karlin      Lauren Scarbrough      Reclining      Floor      Floor</p> <p>signed off by  Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:20 PM	1st Stage - Active				LOT	139	4-5, 60, Mod	No	
<p>Labor Status      supervised by      performed by      maternal position      positioned on or with      maternal location  1st Stage - Active      Dawn Karlin      Lauren Scarbrough      Reclining      Floor      Floor</p> <p>signed off by  Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:36 PM	1st Stage - Active				LOT	143	4-5, 60, Mod	No	
<p>Labor Status      supervised by      performed by      maternal position      maternal location      signed off by  1st Stage - Active      Dawn Karlin      Lauren Scarbrough      Standing      Floor      Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:44 PM	1st Stage - Active				LOT		4-5, 60, Mod	6, 80%	
<p>Labor Status      supervised by      performed by      maternal position      positioned on or with      maternal location  1st Stage - Active      Dawn Karlin      Lauren Scarbrough      Reclining      Bed      Bed</p>									

total station signed off by  
-1 Dawn Karlin on 1/18/17, 3:17 AM

Labor Flow

Status Time	Labor Status	BP	Pulse	Temp	Fe...	FHT	Contraction Fr...	Internal Exam	Imp...
1/17/17, 7:57 PM	1st Sta...								
Labor Status supervised by performed by comments 1st Stage - Active Dawn Karlin Lauren Scarbrough into bed, onto left side with peanut ball between knees Gentle birth fracture taken									
signed off by Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 8:03 PM	1st Sta...				LOT	153	4-5, 60, Mod	No	
Labor Status supervised by performed by maternal position maternal location signed off by 1st Stage - Active Dawn Karlin Lauren Scarbrough Reclining Bed Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 8:29 PM	1st Sta...				LOT	153	4-5, 60, Mod	No	
Labor Status supervised by performed by maternal position positioned on or with maternal location 1st Stage - Active Dawn Karlin Lauren Scarbrough Lithotomy Bed Bed									
signed off by Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 9:05 PM	1st Sta...				LOA	153	3-5, 45-60, Mod		Void, BM
Labor Status supervised by performed by maternal position positioned on or with maternal location 1st Stage - Active Dawn Karlin Lauren Scarbrough Kneeling Birth/Exercise Ball Exercise/Peanut Ball									
FHT status Input / Output signed off by Accels Void, BM Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 9:25 PM	1st Sta...				Vertex	120	3-4, 50-60, Mod		
Labor Status supervised by performed by maternal position maternal location FHT status 1st Stage - Active Dawn Karlin Lauren Scarbrough Kneeling Exercise/Peanut Ball Accels									
comments signed off by Breathing through UC, reporting hip discomfort Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 9:35 PM	1st Sta...								Vomit
Labor Status supervised by performed by Input / Output 1st Stage - Active Dawn Karlin Lauren Scarbrough Vomit									
comments signed off by Peppermint and grapefruit EO diffusing on paper towel Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 9:51 PM	1st Sta...				Vertex	131	3-4, 60, Mod	No	Water
Labor Status supervised by performed by assisted by maternal position positioned on or with 1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough Hands & Knees Birth/Exercise Ball									
maternal location FHT status Input / Output comments signed off by Bed Accels Water Rebozo shaking hips x10uc Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 10:17 PM	1st Sta...				Vertex	123	4-5, 60, Mod	No	Water/Void
Labor Status supervised by performed by assisted by maternal position maternal location 1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough Sitting Bed									
FHT status Input / Output signed off by Accels Water/Void Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 10:42 PM	1st Sta...				Vertex	133	3, 60, Mod	No	
Labor Status supervised by performed by assisted by maternal position positioned on or with 1st Stage - Active Dawn Karlin Lauren Scarbrough Lauren Scarbrough Standing Floor									
maternal location signed off by Floor Dawn Karlin on 1/18/17, 3:17 AM									

## Labor Flow

Status Time	Labor Status	BP	Pulse	Temp	Fa...	FHT	Contraction Fr...	Internal Exam	Inp...
1/17/17, 11:01 PM	1st Sta...						3-4, 60, Strg		
Labor Status	supervised by	performed by	assisted by	comments			signed off by		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Purple line estimate Bcm			Dawn Karlin on 1/18/17, 3:17 AM		
1/17/17, 11:02 PM	1st Sta...				LOA	129	3-4, 60, Strg		
Labor Status	supervised by	performed by	assisted by	FHT status	signed off by				
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Accels	Dawn Karlin on 1/18/17, 3:17 AM				
1/17/17, 11:18 PM	1st Sta...	136/86	105	98.7	LOA	140	3-4, 60, Strg	No	Vomit
Labor Status	supervised by	performed by	assisted by	maternal position			positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Hands & Knees			Floor		
maternal location	Input / Output	comments			signed off by				
Floor	Vomit	Feels like UC are getting more intense			Dawn Karlin on 1/18/17, 3:17 AM				
1/17/17, 11:43 PM	1st Sta...				Vertex	139	3, 60, Strg	No	
Labor Status	supervised by	performed by	assisted by	maternal position			positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Kneeling			Birth/Exercise Ball		
maternal location	FHT status	comments			signed off by				
Floor	Accels	Feeling more pressure on tailbone			Dawn Karlin on 1/18/17, 3:17 AM				
1/18/17, 12:08 AM	1st Sta...				Vertex	140	3, 60, Strg	No	
Labor Status	supervised by	performed by	assisted by	maternal position			positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Sitting			Birth/Exercise Ball		
maternal location	signed off by								
Exercise/Peanut Ball	Dawn Karlin on 1/18/17, 3:17 AM								
1/18/17, 12:36 AM	1st Sta...				Vertex	128	3, 60, Strg	No	
Labor Status	supervised by	performed by	assisted by	maternal position			positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Standing			Floor		
maternal location	FHT status	signed off by							
Floor	Accels	Dawn Karlin on 1/18/17, 3:17 AM							
1/18/17, 12:47 AM	1st Sta...				Vertex	130	3, 60, Strg	No	Wati...
Labor Status	supervised by	performed by	assisted by	maternal position			positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Standing			Floor		
maternal location	FHT status	Input / Output							
Floor	Accels	Water/ void							
comments							signed off by		
is going to move to into bed on left side with peanut ball between knees						Dawn Karlin on 1/18/17, 3:17 AM			
1/18/17, 1:36 AM	1st Sta...				Vertex	118-120	4-6, 60, Mod		
Labor Status	supervised by	performed by	maternal position		positioned on or with		side	maternal location	
1st Stage - Active	Dawn Karlin	Dawn Karlin	Side		Peanut Ball		Left	Bed	
comments					signed off by				
Resting between UC. Reports +fm with UC.				Dawn Karlin on 1/18/17, 3:17 AM					
1/18/17, 2:13 AM	1st Sta...							6, 80%	
Labor Status	supervised by	performed by	fetal station						
1st Stage - Active	Dawn Karlin	Dawn Karlin	-1						
comments							signed off by		
Attempting to check Fht's, unable to auscultate, flipped to all fours, Sve 6cm, bloody show						Dawn Karlin on 1/18/17, 3:17 AM			
1/18/17, 2:22 AM	1st Sta...	142/85	80	98.5					

Labor Status supervised by performed by assisted by  
1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough

#### comments

Still unable to auscultate Fht's, 911 call placed  
O2 via flowby at 10L, chest down with bottom up

Attempted to check Fht's vaginally with Doppler and over entire abdomen, still unable to auscultate

#### signed off by

Dawn Karlin on  
1/18/17, 3:17 AM

#### Labor Flow

Status Time	Labor Status	BP	Pulse	Temp	Fe...	FHT	Contraction Fr...	Internal Exam	Inp...
1/18/17, 2:41 AM	1st Sta...								
Labor Status	supervised by	performed by	assisted by		comments		signed off by		
1st Stage - Active	Dawn Karlin	Dawn Karlin	Lauren Scarbrough		EMS here at 0230		Dawn Karlin on 1/18/17, 3:17 AM		
1/18/17, 2:42 AM	1st Sta...								
Labor Status	supervised by	performed by	assisted by						
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough						
comments					signed off by				
ambulance,, waiting for ambulance to go					Dawn Karlin on 1/18/17, 3:17 AM				
1/18/17, 6:00 AM	Delivered								
Labor Status	time of birth (body)	baby caught by	location	comments		signed off by			
Delivered	1/18/17, 3:20 PM	Hospital staff	Hospital	Time of birth estimated.		Dawn Karlin on 1/19/17, 8:03 PM			

#### Newborn Details

signed off by Dawn Karlin on 1/19/17, 7:56 PM

outcome EGA by EDD at birth delivery type newborn DOB gender birth weight  
Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female

#### signed off by

Dawn Karlin on 1/19/17, 7:56 PM

#### Hospital Transfer - Mother

signed off by Dawn Karlin on 1/18/17, 3:50 AM

1st call placed call was placed with time of subsequent calls emergency personnel arrival time of departure (required)  
1/18/17, 2:22 AM 911 0250- hospital L&D Keri 1/18/17, 2:30 AM 1/18/17, 2:45 AM

arrival at facility mother status transport method receiving facility disposition condition of mom at transfer  
1/18/17, 3:05 AM In 1st Stage Ambulance Southwest Integris Admitted Mom- stable, fetus- unknown medical center

transfer comments (including any information regarding the medical care of the client and outcome)

taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and fetal demise.

#### signed off by

Dawn Karlin on  
1/18/17, 3:50 AM

#### Hospital Transfer - Infant

signed off by Dawn Karlin on 1/18/17, 3:17 AM

#### signed off by

Dawn Karlin on 1/18/17, 3:17 AM

#### Birth Summary

1st stage early 1st stage active 1st stage total 2nd stage length of ROM 1st stage start time 2nd stage start time  
9 hrs 15 mins 21 hrs 5 mins 30 hrs 20 mins 0 hrs 0 mins 0 hrs 0 mins 1/17/17, 9:00 AM 1/18/17, 3:20 PM

time of delivery baby caught by location delivery comments time mother transferred mother transferred to  
1/18/17, 3:20 PM Hospital staff Hospital Time of birth estimated. 1/18/17, 2:45 AM Southwest Integris medical center

#### maternal transfer comments

taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and fetal demise.

#### Mother Postpartum

Visit Date	Wks	blood pressure	Fundus	Breasts	Lochia	Perineum	Phys. Exam
1/19/17, 7:56 PM							

visit location supervised by performed by 6-8 week visit  
Hospital Dawn Karlin Dawn Karlin No

## plans &amp; procedures

Saw / today just prior to discharge home from the hospital. She reports her pain is well controlled with Percocet. She and have made arrangements for counseling and, has reached out to her community for support and feels well loved and supported at this time. She does express concern for the development of motherwort recommended along with rescue remedy and ignatious homeopathic, all provided with instructions for use and encouragement to ask for medical help as needed if these efforts are not effective. We made plans for home visits: assistant to follow up in a couple of days and I will follow up in one week or sooner as needed and we will keep in contact via phone prior to that.

signed off by

Dawn Karlin on 1/19/17, 8:03 PM

1/23/17, 1:15 PM 0.5 126/85 Ffml@u-3 Lactating Scant rubra Intact No

visit location supervised by performed by visit duration 6-8 week visit review of diet  
Home Dawn Karlin Dawn Karlin 30 No Regular

review of activity level or exercise Emotional and Social Wellbeing BM/Void  
Self care, resting when possible Doing well overall Pm no issues

supplements or herbs is breastfeeding? breastfeeding notes resumed intimacy?  
Prrv, herbs- motherwort, rescue remedy- No Pumping twice a day to donate milk

pulse temp Fundus Breasts Lochia Perineum administered Rhogam next visit date  
84 97.9 Ffml@u-3 Lactating Scant rubra Intact No 2/5/17, 3:00 PM

## plans &amp; procedures

Saw / today for 5day ppv after repeat cesarean/still birth. She reports physically doing well and feels emotionally stable.  
Incision is CDI, healing well, no redness or swelling or drainage; She does have a small blood blister about 2 inches above and to the left of the left side of her incision, looks like reaction to adhesive.  
Assistant will f/u within the week with home ppv and / will r/c in 2wks for ppv or sooner Pm.

signed off by

Dawn Karlin on 1/23/17, 3:12 PM

1/26/17, 5:05 PM 1.1 126/89 Ffml@u-3 Lactating Very light rubra Intact No

visit location supervised by performed by visit duration 6-8 week visit review of diet  
Home Dawn Karlin Lauren Scarbrough 80 No Staying well nourished and hydrated

review of activity level or exercise Emotional and Social Wellbeing BM/Void  
Resting well, anxious to be more active Doing well, working through trauma/loss appropriately Pm no issues

supplements or herbs is breastfeeding? is exclusively breastfeeding?  
Prenatal, probiotic, vitamin d, motherwort tincture, rescue - Yes - No -

remedy, homeopathics- Arnica & Ignatia Amara,

ibuprofen, Percocet  
breastfeeding notes resumed intimacy? pulse temp Fundus Breasts  
Still breastfeeding 3 year old a few times a day 80 98.9 Ffml @ u-3 Lactating

Lochia Perineum administered Rhogam  
Very light rubra Intact No

## plans &amp; procedures

is pumping daily and dealing with mild/moderate engorgement. She / will see for  
the first time on Monday, January 30th, she also has a follow up visit with the OB that day. Her incision is healing appropriately and as expected.

signed off by

Dawn Karlin on 1/27/17, 1:00 PM

2/6/17, 3:32 PM 2.5 121/74 Involuting well Lactating Light rubra Intact

visit location supervised by performed by assisted by visit duration 6-8 week visit review of diet  
Office Dawn Karlin Dawn Karlin Lauren Scarbrough 45 No Reg

review of activity level or exercise Emotional and Social Wellbeing BM/Void  
Resuming ADL as tolerated Feeling good Pm no issues

supplements or herbs is breastfeeding? breastfeeding notes resumed intimacy? pulse  
Prrv No Pumping twice a day, donating milk No 80

Fundus	Breasts	Lochia	Perineum	administered Rhogam
Involuting well	Lactating	Light rubra, had some increased bleeding for a couple of days, thinks she overdid it trying to get ready for open house	Intact	No
next visit date	plans & procedures	signed off by		
2/27/17, 9:00 AM	Weight 203	Dawn Karlin on 2/6/17, 3:46 PM		
Normal 3wk ppv. Will r/c in 3wks for 6wk ppv or sooner Pm.				
Incision is healing well.				

## Mother Postpartum

Visit Date	Wks	blood pressure	Fundus	Breasts	Lochia	Perineum	Phys. Exam
2/27/17, 9:16 AM	5.5	124/87	Well involuted	Lactating	Has stopped	Intact	Yes
visit location	supervised by	performed by	assisted by	visit duration	6-8 week visit	review of diet	
Office	Dawn Karlin	Dawn Karlin	Lauren Scarbrough	45	Yes	Regular	
review of activity level or exercise		Emotional and Social Wellbeing		supplements or herbs		is breastfeeding?	
Has resumed all w/o difficulty		Good		None		No	
breastfeeding notes		resumed intimacy?	family planning	father's involvement	return to work	pulse	Wt
Pumping and donating			Caya	Good	In april	80	204
Fundus	Breasts	Lochia	Perineum	administered Rhogam	HEENT	lungs	extremities & skin
Well involuted	Lactating	Has stopped	Intact	No	Normal	Normal	Normal
heart		pap performed					
Normal		No					
plans & procedures							
Normal 6wk ppv.							
We had discussed contraception last visit and sent a Caya sample home with her to try. Caya purchased today.							
Reports incision has healed well, no concerns.							
Has been to , has weekly appts.							
Denies needs at this time.							
signed off by							
Dawn Karlin on 2/27/17, 11:13 AM							

## Billing

Date Time	Previo...	New Fee	Payment	New Balance	insurance owes	patient owes	next payment due
5/12/16, 10:58 AM	\$0.00	\$2500	\$500	\$2000.00	\$0	\$2000	
fee type	patient resp.	ins. resp.	payment method	check #	comments		
Standard Midwifery Package	\$2500	\$0	Check	5252	Deposit received, thanks!		
7/6/16, 11:39 AM	\$2000.00		\$250	\$1750.00	\$0	\$1750	
patient resp.	ins. resp.	payment method	check #	comments			
\$0	\$0	Check	5258	Payment received, thanks!			
10/8/16, 1:03 PM	\$1750.00	\$15.63		\$1765.63	\$0	\$1765.63	
fee type	patient resp.	ins. resp.	comments				
Labs	\$15.63	\$0	Fee for CBC, 1 hr gs, and vitamin d level				
10/27/16, 11:37 AM	\$1765.63		\$1000	\$765.63	\$0	\$765.63	
patient resp.	ins. resp.	payment method	check #	comments			
\$0	\$0	Check	5272	Payment received, thanks!			
11/10/16, 4:55 PM	\$765.63		\$300	\$465.63	\$0	\$465.63	
patient resp.	ins. resp.	payment method	check #	comments			
\$0	\$0	Check	5274	Payment received, thanks!			
12/5/16, 2:58 PM	\$465.63	\$10.55		\$476.18	\$0	\$476.18	
fee type	patient resp.	ins. resp.	comments				
Labs	\$10.55	\$0	Lab fee for gbs				



11/23/2018 14:05 FAX



@901

Ultrasound Unlimited, Inc.  
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Edmond, Okla 73013  
405-338-2225  
www.ultrasoundunlimited.com

Mailing Address:  
2712 Shady Tree Lane  
Edmond, Okla. 73013

BB ULTRASOUND

Name 30 Date 11/16/16  
Referring Physician D. Kaplin OB History: pregnancies 2 children 1 miscarriages 0  
Reason for exam Fetal size - check for  
2 or 3 vessel cord  
☒ Within Normal Limits ☐ NS = Not Seen ☐ Abnormality - See Comments Below

<p>Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> #</p>	<p>Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input checked="" type="checkbox"/> Respiration</p>	<p>Fetal Position <input checked="" type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank Foot <input type="checkbox"/> Oblique Head: R L <input type="checkbox"/> Transverse Head: R L Fetal Spine to Maternal <input checked="" type="checkbox"/> L Ant Post Position: <u>R</u> <u>OP</u> Unstable</p> 
<p>Fetal Anatomy <input checked="" type="checkbox"/> Kidneys R L <u>Both</u> <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities 1 2 3 4 <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach</p>	<p>Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI <u>2.8</u> cm's</p>	<p>Placenta <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input checked="" type="checkbox"/> Lateral R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Previa <input type="checkbox"/> Marginal <input type="checkbox"/> Partial % <input type="checkbox"/> Total <input type="checkbox"/> Abruptio</p> 
<p><input checked="" type="checkbox"/> Ventricles <input checked="" type="checkbox"/> Pharynx <input checked="" type="checkbox"/> Spine <input checked="" type="checkbox"/> Cerv. Head Junc. <input checked="" type="checkbox"/> Cord Vessel Cord Insert Abd <u>Plac</u> <input checked="" type="checkbox"/> Diaphragm <input checked="" type="checkbox"/> 4 Chamber Heart</p>	<p>GRADE <u>0</u> <u>1</u> <u>II</u> <u>III</u> Heart Rate <u>141</u> Beats / Min</p>	

	mm's	Weeks	days	Clinical	Ultrasound
Gestational Sac					
Crown Rump					
BPD	<u>8.5</u>	<u>32</u>	<u>6</u>	LMP <u>4/14/16</u>	EFW <u>4</u> lbs <u>9</u> oz
Head Circ.	<u>29.6</u>	<u>32</u>	<u>6</u>	MA <u>32</u> wks <u>6</u> days	EFW <u>2</u> lbs <u>11</u> oz
Abd Circ.	<u>25.8</u>	<u>32</u>	<u>6</u>	EDC <u>1/5/17</u>	MA <u>32</u> wks <u>6</u> days
Femur Length	<u>63.8</u>	<u>33</u>	<u>0</u>		EDC <u>1/5/17</u>
H/A Ratio	<u>1.03</u>				
Cephalic Index	<u>79.00</u>	(79.3 +/- 3.3) Ranges		EDC by previous US if applicable <u>1/5/17</u>	

Comments: There is a 2 vessel cord - mild  
A AFI - slight irregular heart beat  
though baby was moving a lot!

Barbara Pennell RDMs

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

01/22/2014 15:50 FAX

001

Ultrasound Unlimited, Inc.  
2805 South Bryant  
Edmond, Okla. 73013  
405-330-2225  
www.ultrasoundunlimited.com

Mailing Address:  
2712 Shady Tree Lane  
Edmond, Okla. 73013

## OB ULTRASOUND

Name:                      Age: 30 Date: 7/15/15  
Referring Physician: D. Keelin OB History: pregnancies 2 children 1 miscarriages 1  
Reason for exam: Fetal Size

☒ Within Normal Limits    NS = Not Seen    Abnormality - See Comments Below

<b>Gestation</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> F	<b>Fetus</b> <input checked="" type="checkbox"/> Spontaneous activity <input type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	<b>Fetal Position</b> Vertex <input checked="" type="checkbox"/> Frank <input type="checkbox"/> Oblique <input type="checkbox"/> Head: R <input type="checkbox"/> L <input type="checkbox"/> Transverse <input type="checkbox"/> Head: R <input type="checkbox"/> L <input type="checkbox"/> R L Ant Post Sup Inf <input type="checkbox"/> Position: <u>OP</u> Unstable
<b>Fetal Anatomy</b> <input checked="" type="checkbox"/> Kidneys <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach <input checked="" type="checkbox"/> Ventricles <input checked="" type="checkbox"/> Thalamus <input checked="" type="checkbox"/> Spine <input checked="" type="checkbox"/> Cerv. Head Junc. <input checked="" type="checkbox"/> 3 Cord Vessel <input checked="" type="checkbox"/> Cord Insert. <input checked="" type="checkbox"/> Atrial Plac <input checked="" type="checkbox"/> Diaphragm <input checked="" type="checkbox"/> 4 Chamber Heart	<b>Amniotic Fluid</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI <u>15.9</u> cm's	<b>Placenta</b> Anterior <input type="checkbox"/> Previa <input type="checkbox"/> Posterior <input type="checkbox"/> Marginal <input type="checkbox"/> <input checked="" type="checkbox"/> Placental <input type="checkbox"/> Partial % <input checked="" type="checkbox"/> Fetal <input type="checkbox"/> Total R <input checked="" type="checkbox"/> L <input type="checkbox"/> Low Lying <input type="checkbox"/> Abruptio <input type="checkbox"/> GRADE <u>II</u> II III Heart Rate <u>141</u> Beats / Min.

## Measurements

	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac					
Crown Rump					
BPD	<u>97</u>	<u>20</u>	<u>2</u>	LMP <u>12/22/15</u>	EFW <u>1.1</u> lbs
Head Circ	<u>175</u>	<u>20</u>	<u>0</u>	MA <u>34</u> wks <u>2</u> days	EFW <u>32.6</u> lbs
Abd Circ	<u>146</u>	<u>19</u>	<u>0</u>	EDC <u>9/27/16</u>	MA <u>2.0</u> wks <u>0</u> days
Femur Length	<u>32.3</u>	<u>20</u>	<u>0</u>	EDC <u>1/5/17</u>	EDC <u>1/5/17</u>
H/A Ratio	<u>1.20</u>			EDC by previous LWS if applicable	
Cephalic Index	<u>77.9</u>			<u>200</u> wts by P	

Comments: Dates were off with first LWS.  
Appears to be a 2 vessel cord in most views.  
Minimal fetal renal dilatation though within normal range.

Barbara Pennell RDMs  
SONOGRAPHER

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Ultrasound Unlimited, Inc.  
2895 South Bryant  
Edmond, Okla 73013  
405-330-2225  
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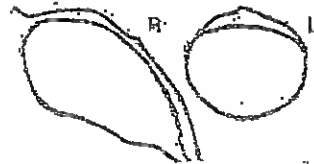
Mailing Address  
2712 Shady Tree Lane  
Edmond, Okla 73013

OB ULTRASOUND

Name \_\_\_\_\_ Age 30 Date 5/16/16  
Referring Physician D. K. R. L. M. OB History: pregnancies 2 children 1 miscarriages  
Reason for exam As spotting Fetal Age

☒ Within Normal Limits NS = Not Seen Abnormality - See Comments Below

<b>Gestation</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	<b>Fetus</b> <input type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	<b>Fetal Position</b> <input type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank Foot <input type="checkbox"/> Oblique <input type="checkbox"/> Head: R L <input type="checkbox"/> Transverse: R L <input type="checkbox"/> Head: R L Fetal Spine to Maternal R L Ant Post Sup Inf Position _____ Unstable
<b>Fetal Anatomy</b> <input type="checkbox"/> Kidneys <input type="checkbox"/> R L Both <input type="checkbox"/> Bladder <input type="checkbox"/> Extremities 1 2 3 4 <input type="checkbox"/> Aorta <input type="checkbox"/> Stomach  <input type="checkbox"/> Ventricles <input type="checkbox"/> Thalamus <input type="checkbox"/> Spine <input type="checkbox"/> Cerv. Head Junc. <input type="checkbox"/> 3 Cord Vessel <input type="checkbox"/> Cord Insert <input type="checkbox"/> Abd Plac <input type="checkbox"/> Diaphragm <input type="checkbox"/> 4 Chamber Heart	<b>Amniotic Fluid</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe cu's _____	<b>Placenta</b> <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Lateral <input type="checkbox"/> R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Previa <input type="checkbox"/> Marginal <input type="checkbox"/> Partial % <input type="checkbox"/> Total <input type="checkbox"/> Abruptio GRADE I II III Heart Rate <u>162</u> Beats / Min.



	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac	<u>13.2</u>	<u>6</u>	<u>2</u>		EFW _____ lbs _____ oz
Crown Rump	<u>8.5</u>	<u>6</u>	<u>6</u>	LMP <u>12/22/15</u>	EFW _____ gms
BPD	<u>5.2</u>	<u>6</u>	<u>2</u>		
Head Circ				MA <u>20</u> wks <u>6</u> days	MA <u>6</u> wks <u>4</u> days
Abd Circ				EDC <u>9/27/15</u>	EDC <u>1/5/17</u>
Femur Length					
H/A Ratio					
Cephalic Index				(78.3 +/- 8.8) Ranges	EDC by previous US if applicable

Comments: Available intrauterine pregnancy  
is seen. A 2cm Rt ovarian cyst  
is also seen

Barbara Pennell RDMS

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

2016-Jul-06 12:44 PM MERCY

MERCY HOSPITAL OKLAHOMA CITY  
4300 W Memorial  
Oklahoma City OK 73120-8904

Operative Report signed by Hager, Julie S, MD at 11/4/2014 5:57 AM

Author: Hager, Julie S, MD  
File#: 11/4/2014 5:57 AM  
Status: Signed  
Trans Time:

Service: (none)  
Note Time: 12/23/2013 9:33 PM  
Editor: Hager, Julie S, MD (Physician)  
Trans Status: Available  
Trans Doc Type: Operative Note

Author Type: Physician  
Note Type: Operative Report  
Dictation Time:

MERCY HOSPITAL OKLAHOMA CITY  
OKLAHOMA CITY, OK

PATIENT NAME:  
CSN:  
MRN:  
DOB:  
PROVIDER:

OPERATIVE/PROCEDURE REPORT

DATE OF OPERATION/PROCEDURE 12/23/2013

PREOPERATIVE DIAGNOSES

1. Intermediate pregnancy at 40-47th weeks.
2. Status post cervical opening and induction with Pitocin and artificial rupture of membranes.
3. GBS positive, treated.
4. Arrest of dilation at 2 cm.
5. Intermittent late decelerations with overall reassuring fetal status throughout labor.

POSTOPERATIVE DIAGNOSES

1. Intermediate pregnancy at 40-47th weeks.
2. Status post cervical opening and induction with Pitocin and artificial rupture of membranes.
3. GBS positive, treated.
4. Arrest of dilation at 2 cm.
5. Intermittent late decelerations with overall reassuring fetal status throughout labor.

PROCEDURE

Primary low transverse cesarean section.

SURGEON:

Gary F Strobel, MD.

ASSISTANT:

Jennifer Strobel

ANESTHESIA:

Epidural per Dr. Hickey.

ESTIMATED BLOOD LOSS:

600 mL

FINDINGS:

1. Viable male infant in the OT presentation with 1 nuchal cord weighing 6 pounds 10 ounces with Apgars of 8 and 9.

OKLC HEALTH INFORMATION  
MANAGEMENT  
4300 W Memorial

Printed by 81002 at 7/6/16 12:54 PM

2018-Jun-05 12:44 PM MERCY HIM 4657523856

MERCY HOSPITAL OKLAHOMA CITY  
4300 W Memorial  
Oklahoma City OK 73120-8904

Operative Report signed by Hager, Julie S, MD at 1/14/2014 8:57 AM (continued)

2. Normal-appearing placenta.

COMPLICATIONS:  
None.

INDICATIONS:  
This patient is a 27-year-old, gravida 4, para 0 with 40-0/7/14 weeks who presented for a cervical opening and induction of labor. She underwent cervical opening, but did not have a significant amount of cervical dilation, but was having uterine contractions every 5 minutes. She had artificial rupture of membranes and Pitocin augmentation. She was 2 cm, and 2 hours later she continued to be 2 cm. At 4 hours, we elected to put an intrauterine pressure catheter in and at 8 hours, she continued to be 2 cm. She had intermittent late decelerations, but overall reassuring fetal status. We discussed options and elected to proceed with cesarean section remote from delivery.

DESCRIPTION OF PROCEDURE:  
The patient was taken to the operating room where epidural anesthesia was found to be adequate. She was prepped and draped in usual sterile fashion in the dorsal supine position with a leftward tilt. Pfannenstiel skin incision was made and carried through to the underlying fascia with a knife. The fascia was incised in the midline. The fascial incision extended laterally with the Bovie cautery. The inferior aspect of fascial incision was grasped with a Kocher, elevated, and the underlying rectus abdominis were dissected off sharply. Attention was turned superiorly, which in a similar fashion, the rectus abdominis were dissected away. Rectus abdominis were separated in midline. The peritoneum identified and entered sharply. This incision was extended superiorly and inferiorly with good visualization of bladder. The Alexis retractor was placed. The vesicouterine peritoneum was created and the bladder was taken out of the field of operation. The lower uterine segment was incised in transverse fashion with the scalpel. This incision was extended laterally with bandage scissors. The fetal vertex brought into the incision, delivered atraumatically. Nose and mouth were bulb suctioned. Cord was clamped and cut. The infant was handed off to the awaiting nurse practitioner who gave him Apgars of 8 and 9. The placenta delivered with expression and was noted to be normal. The uterine incision was closed with an #0 PDS suture noted to be hand-sutured. The vesicouterine peritoneum was reapproximated using #2-0 PDS suture. The gutters were cleared of all clots and debris, and the Alexis retractor was removed. The anterior parietal peritoneum was reapproximated using a 2-0 PDS suture. The muscle layer was reapproximated using a 2-0 PDS suture in a running fashion. The subcutaneous tissue was closed using a 2-0 PDS suture and the skin closed using a 4-0 PDS suture. She tolerated the procedure well. All counts were correct. She did receive Ancef and had received 4 doses of ampicillin for GBS positive status. She was taken to the recovery room with her infant in good condition.

DICTIONARY BY: JULIE S HAGER, MD

electronically signed by Hager, Julie S, MD at 1/14/2014 8:57 AM

END OF REPORT

OKLA HEALTH INFORMATION  
MANAGEMENT  
4300 W Memorial

Printed by 61002 at 7/6/18 12:54 PM

Patient # 3

Moments of Bliss Midwifery Services LLC

## Consent for Care

I hereby request enrollment with the midwife mentioned below to receive maternity care for my current pregnancy with the following understandings:

1. Physical Examinations I authorize any member of the midwifery team staff to perform physical examinations on my person to confirm gestational health and pregnancy status, obtain the usual specimens, and perform the usual diagnostic procedures for the purposes of providing maternity care.
2. Authority to provide care I authorize any member of the midwifery team staff to perform, administer and provide as necessary to me and my baby:
  - (a) Health care and education related to pregnancy
  - (b) Obtaining of blood or other specimens for laboratory tests
  - (c) Medications as permitted by law such as IV infusions, intramuscular injections, local anesthetics, and prophylactic eye medications
  - (d) "Delivery" of my baby
  - (e) Episiotomy and repair of lacerations related to birth if medically necessary
  - (f) Postpartum care
  - (g) Newborn care
3. Emergency Treatment I authorize any member of the midwifery team staff to provide first aid as necessary in an emergency. When the midwife deems specialized medical care or hospitalization may be necessary, I shall agree to transfer care to a nearby hospital.
4. Student Teaching I understand that midwifery students may be involved in my maternity care. No students shall be permitted to perform any tasks that they are not qualified to perform according to their level of experience. I authorize/I refuse to allow midwifery students to participate in my care.
5. Client's right to withdraw care I understand that I may choose to withdraw care at any point from the midwife mentioned below. I shall provide a written request to terminate care.
6. Understanding of midwife's right to terminate care I understand that the midwife may terminate my maternity care if there are indications that I may not be a good candidate for a safe midwifery birth, if I fail to attend appointments regularly, if I fail to meet the financial agreement, or for other reasons at the discretion of the midwife. I understand that I will be notified in writing of the care withdrawal and referred to another care provider or service to complete my care. I have read and understand the financial agreement and acknowledge that there may be a refund due to me or I may still have a balance owing in the event of care withdrawal by either myself or my midwife.

Client Signature \_\_\_\_\_

Date: 5-5-15

Midwife Signature \_\_\_\_\_

Date: 5-11-15

*Moments of Bliss Midwifery Services*

Moments of Bliss Midwifery Services LLC  
Dawn Kartin APRN-CNM

## INFORMED CONSENT FORM

I hereby acknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary, I will be taken to a medical facility and be seen by the physician on call for my care.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

- I will obtain laboratory tests recommended by my midwife.
- A regular schedule of prenatal visits will be followed.
- If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pediatrician to examine the baby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT YOUR NAME \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: 5-6-16

SIGNATURE OF MIDWIFE \_\_\_\_\_

*Dawn Kartin APRN-CNM*

DATE: 5-11-16

Patient # 3

Moments of Bliss Midwifery Services LLC

*Moments of Bliss Midwifery Services*



Moments of Bliss Midwifery Services LLC  
Dawn Karlin APRN-CNM

## FINANCIAL AGREEMENT

### 1. Parties

This agreement is made between Client(s) and Moments of Bliss Midwifery Services LLC.

### 2. Fees (checks or money orders should be made out to Moments of Bliss Midwifery Services)

Non-refundable deposit of \$500.00 due at 1st prenatal visit which applies to the total fees. The delivery fee is \$2,500.00, which includes:

- ☒ Prenatal Visits
- ☒ Labor, delivery and immediate postpartum care for the mom and the baby.
- ☒ Post-Partum Visits

This fee DOES NOT include:

- ☐ Birth Assistant fee
- ☐ Lab work
- ☐ Birth Supplies
- ☐ Distance Fee
- ☐ Newborn screenings or other tests required by state law
- ☐ Any referred services (e.g. ultrasound)
- ☐ Birth Center Fee

3. Payments: All payments must be received by 36 weeks of gestation, as calculated by the midwife. You will receive a monthly invoice of your outstanding balance. If paying by credit card, there is an additional 3% surcharge for each transaction.

4. Cash Discount: Self-pay clients will receive a 10% (\$250) discount, reducing the birth fee to \$2,250.00, if they pay in full by the 31st week of gestation, as calculated by the midwife. This cash discount only applies to non-insurance patients.

### 5. Transport

The delivery fee is not refunded after or during the 37th week of your pregnancy or after the onset of your labor (including, but not limited to the rupture of your membranes).

*I understand my midwife cannot promise me an out of hospital birth and should the need for transfer to a medical facility become necessary, she and/or a qualified assistant will continue to offer support and will remain through whatever situation develops, because midwife support and advocacy at the hospital are very valuable, and having a knowledgeable person there can make the experience much more successful. I further understand that post-partum care will be available following my discharge.*

INITIALS

### 6. Transferring Care

Should you transfer care prior to 37 weeks of gestation as calculated by the midwife, and prior to the onset of labor (including, but not limited to the rupture of the membranes), the delivery fee will be refunded with the exception of \$600.00 plus \$50.00 per each prenatal visit).



7. Distance: If you live more than 80 miles from the midwife's office, there is an additional charge of \$400.00 for a homebirth to cover additional travel time and expense.

8. Birth Center Fee: The fee to use the facility for birth services is \$500.00.

9. Birth Assistant: You are responsible to hire and pay your birth assistant from an approved list of assistants. A birth assistant is required whether you are planning a home birth or birth center birth.

10. Insurance: If you have insurance or health care coverage, my billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize my billing service to release health information to your insurance company or health carrier for the purpose of processing your claims. My billing service may bill your insurance company or health carrier for the following services related to your care including, but not limited to: Initial visit, lab work, OB global fee including delivery, intrapartum care, birth assistance, facility fees, supplies, IV therapy, newborn exams & PKU, postpartum home visits.

When we bill clients directly, we standardize services into the birth fee. However, when we bill insurance and health carriers, we itemize services in accordance with the insurer's claims payment structure, which may require billing the insurance company in excess of the standard \$2,500.00 fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than it is to collect directly from the clients. We have the right to accept reimbursement from the insurance that exceeds the package fee of \$2,500.00. You are responsible for paying the midwife enough to ensure that the minimum reimbursement is \$2,500.00, regardless of insurance reimbursement. If your insurance company denies your claims, you are responsible for paying the entire package fee of \$2,500.00.

If, upon verification of benefits, your insurance company is likely to pay, we agree to only collect your deductibles for you and your baby, and approximate co-pay. If your insurance company pays and I find that you have overpaid, you will be refunded accordingly. There is a \$20 charge for the Verification of Benefits through the insurance billing company, Larsen Billing Service. To verify your insurance benefits, visit [www.larsenbilling.com](http://www.larsenbilling.com). My provider PIN is 12488.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. The billing service will determine how much of the reimbursement should be sent to me, and how much, if any, is yours to keep. In this situation, you agree to reimburse me immediately.

#### 11. Disclaimer

We relieve the midwife of any financial responsibility arising from outside medical care. We understand that if our bill is not paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of the pregnancy and birth and to the extent permitted by law, will not hold the practice, midwife or her assistants responsible for outcomes that are a result of complications beyond their control. We view pregnancy and birth as a normal physiological process, and we understand that our midwife is merely acting within her scope by simply assisting and supporting us in our decision to birth our baby out of the hospital.

*This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Moments of Bliss Midwifery Services LLC, as stated above.*

Date 5-6-16

Date \_\_\_\_\_

Ultrasound Unlimited, Inc.  
2805 South Bryant  
Edmond, OK 73013  
405-338-2225  
www.ultrasoundunlimited.com

Mailing Address:  
2712 Shady Tree Lane  
Edmond, OK 73013

OB ULTRASOUND

Name \_\_\_\_\_ Age 30 Date 9/16/16  
Referring Physician D. K. Kline OB History: pregnancies 2 children 1 miscarriages \_\_\_\_\_  
Reason for exam spotting Fetal Age

<input checked="" type="checkbox"/> Within Normal Limits		NS = Not Seen	Abnormality - See Comments Below
<b>Gestation</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> #	<b>Fetus</b> Somatic activity _____ <input checked="" type="checkbox"/> Cardiac activity _____ Respiration _____	<b>Fetal Position</b> _____ Vertex _____ Breech _____ Frank Foot _____ Oblique Head: R: L Transverse: R: L Head: R: L Fetal Spine to Maternal: R: L Ant Post Sup: Inf Position: _____ Unstable	
<b>Fetal Anatomy</b> Kidneys: _____ R: L Both _____ Bladder: _____ Extremities: _____ 1 2 3 4 Aorta: _____ Stomach: _____ Ventricles: _____ Thalamus: _____ Spine: _____ Cerv. Head Inj.: _____ 3 Cord Vessel: _____ Cord Inj.: _____ Abd. Plac: _____ Diaphragm: _____ 4 Chamber Heart: _____	<b>Anatomic Fluid</b> <input checked="" type="checkbox"/> Normal Increase: _____ Decrease: _____ Mild: _____ Severe: _____ AMN: _____ cm's	<b>Placenta</b> Anterior: _____ Breech: _____ Posterior: _____ Marginal: _____ Fundal: _____ Partial: _____ % Lateral: _____ Total: _____ R: L Low Lying: _____ Abnormal: _____ GRADE 0 I II III Heart Rate <u>162</u> Beats/Min.	

Measurements				Clinical		Ultrasound	
	mm's	weeks	days				
Gestational Sac	<u>18.2</u>	<u>6</u>	<u>2</u>	LMP <u>12/22/15</u>	EFW	lbs	oz
Crown Rump	<u>8.5</u>	<u>6</u>	<u>2</u>		EFW		
BPD	<u>7.2</u>	<u>6</u>	<u>2</u>	MA <u>20</u> wks <u>6</u> days	MA	wks	days
Head Circ				EDC <u>9/27/16</u>	EDC		
Abd Circ							
Femur Length							
H/A Ratio							
Cephalic Index							

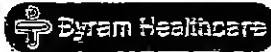
Comments: A viable intrauterine pregnancy  
is seen. A 2cm Rt ovarian cyst  
is also seen

Barbara Pennell RDMs  
SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

10/31/16 05:10 AM EDT 18562329726 via VSI-FAX

Page 2 of 2 #7099076 BE



BYRAM HEALTHCARE CENTERS, INC.  
120 BLOOMINGDALE ROAD  
WHITE PLAINS, NY 10605  
800-248-4525



REFERRED BY: BREAST PUMP MODEL A  
10/30/16 22:27:48 34375505  
TOLL FREE FAX: 1-877-703-2883  
Panda

Page: 1  
INS: 528

BY SIGNING THIS FORM I CONFIRM THE PHYSICIAN'S SIGNATURE CORRESPONDS TO THE NAME AND NOT LISTED BELOW AND THAT I AM PRESCRIBING THE ITEMS AND QUANTITIES NOTED ON THE

DAWN KARLIN 929 STANTON L YOUNG BLVD VP2430 OKLAHOMA CITY OK 73104	John Karlin 519 W Main Weatherford, OK 73096	BHIC# 501505
---	---	--------------

LAST NAME		ID NUMBER	
DIAGNOSIS Z39.1		START DATE 10/28/16	
ITEMS PRESCRIBED BREAST PUMP ELOT AC AND/OR DC A	CODES E0613	QTY PRESCRIBED TEAS60days	QTY CHANGES (IF NEEDED)
FORM NUMBER			
PLEASE GIVE MEDICAL JUSTIFICATION AS TO WHY THE ABOVE SUPPLIES ARE NECESSARY REFILL QUANTITIES AND AMOUNTS TO BE FILLED AS SPECIFIED			
DURATION OF NEED (MONTHS/SEVERAL YEARS) 12 unless otherwise noted			

AUTHORIZING PHYSICIAN PROVIDER		SUPPLIER	
PHYSICIAN NAME DAWN KARLIN John Karlin	PH# 1225436896 1700431902	SUPPLIER NAME BYRAM HEALTHCARE CENTERS	
ADDRESS (STREET NUMBER) 929 STANTON L YOUNG SLA W Main	LICENSE	ADDRESS (STREET NUMBER) 3010 WOODCREEK DRIVE	
CITY/STATE/ZIP OKLAHOMA CITY OK 73104 Weatherford, OK 73096		CITY/STATE/ZIP DOWNERS GROVE, IL 60515	
TELEPHONE NUMBER 405-308-4168	FAX NUMBER 580-650-2844	Byram Hx #: 89704253	
		TELEPHONE NUMBER 800-248-4525	

PLEASE SIGN AND DATE BELOW:

Physician Signature John Karlin	DATE 11-2-16	Provider Signature John Karlin ARN-CNP
------------------------------------	-----------------	---

FOR RESIDENTS please provide attending physician's information:

NAME	NP#
------	-----

\* Maximum quantities/fills allowed unless otherwise noted.  
\* Please complete any attached forms

BYRAM-CC Rev 1.1.DBF

01/22/2014 16:50 FAX

001

Ultrasound Unlimited, Inc.  
2805 South Bryant  
Edmond, Okla. 73013  
405-330-2225  
www.ultrasoundunlimited.com

Mailing Address  
2712 Shady Tree Lane  
Edmond, Okla. 73013

OB ULTRASOUND

Name \_\_\_\_\_ Age 30 Date 8/17/17  
Referring Physician D. Kachin OB History: pregnancies 2 children 1 miscarriages \_\_\_\_\_  
Reason for exam Fetal Size

= Within Normal Limits		NS = Not Seen	Abnormality - See Comments Below
<p><b>Gestational</b></p> <p><input checked="" type="checkbox"/> Single</p> <p><input type="checkbox"/> Multiple</p> <p><input type="checkbox"/> #</p>	<p><b>Fetus</b></p> <p><input checked="" type="checkbox"/> Somatic activity</p> <p><input checked="" type="checkbox"/> Cardiac activity</p> <p><input type="checkbox"/> Respiration</p>	<p><b>Fetal Position</b></p> <p><input checked="" type="checkbox"/> Vertex</p> <p><input type="checkbox"/> Breech</p> <p><input type="checkbox"/> Frank</p> <p><input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Oblique</p> <p>Head: R L</p> <p>Transverse</p> <p>Head: R L</p> <p>Fetal Spine to Mismatch</p> <p>R L Ant Post</p> <p>Sup Inf</p> <p>Position <u>OP</u> Unstable</p>	
<p><b>Fetal Anatomy</b></p> <p><input checked="" type="checkbox"/> Kidneys</p> <p><input checked="" type="checkbox"/> Bladder</p> <p><input checked="" type="checkbox"/> Extremities</p> <p><input checked="" type="checkbox"/> 1 2 3 4</p> <p><input checked="" type="checkbox"/> Anus</p> <p><input checked="" type="checkbox"/> Stomach</p>	<p><b>Amniotic Fluid</b></p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Increase</p> <p><input type="checkbox"/> Decrease</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Severe</p> <p>AFI <u>15.9</u> cm's</p>	<p><b>Placenta</b></p> <p><input type="checkbox"/> Anterior</p> <p><input type="checkbox"/> Posterior</p> <p><input checked="" type="checkbox"/> Fundal</p> <p><input type="checkbox"/> Lateral</p> <p><input type="checkbox"/> R</p> <p><input type="checkbox"/> Low Lying</p> <p><input type="checkbox"/> Previa</p> <p><input type="checkbox"/> Marginal</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Total</p> <p><input type="checkbox"/> Abruptio</p> <p>GRADE <u>0</u> II III</p> <p>Heart Rate <u>141</u> Beats / Min.</p>	

	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac					
Crown Rump					EFW <u>11</u> oz
BPD	<u>47.1</u>	<u>20</u>	<u>2</u>	LMP <u>12/22/15</u>	EFW <u>32.6</u> oz
Head Circ	<u>173</u>	<u>20</u>	<u>0</u>	MA <u>34</u> wks <u>2</u> days	MA <u>20</u> wks <u>0</u> days
Abd Circ	<u>146</u>	<u>19</u>	<u>0</u>	EDC <u>9/27/16</u>	EDC <u>1/5/17</u>
Femur Length	<u>32.3</u>	<u>20</u>	<u>0</u>		
H/A Ratio	<u>1.20</u>				
Cephalic Index	<u>77.0</u>	(78.3 +/- 8.8) Ranges		EDC by previous US if applicable	<u>1/5/17</u>

Comments: Dates were off with first US.  
Appears to be a 2 vessel cord in most views.  
minimal fetal renal dilatation though within normal range.

Barbara Pennell RDMs

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

Moments of Bliss Midwifery Services LLC  
Dawn Karlin APRN-CNM  
519 W Main St, Weatherford, OK 73096

**Consent / Waiver for Vaginal Birth After Cesarean (VBAC)**

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean, also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

- I understand that I have had one or more prior cesarean(s)
- I understand that my midwife will follow OMA guidelines.
- I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.
- I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.
- The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter recuperation.
- I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without augmentation.
- I understand that my midwife will not augment or naturally stimulate a VBAC.
- I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.
- I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.
- I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.
- I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.
- I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.
- Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.
- I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section.
- I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.
- I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.
- I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as well.
- I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.
- I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

Date 10/5/16

Witness

*[Signature]*

Date 10-6-16

Patient #3

Moments of Bliss Midwifery Services LLC

Factors requiring infant transfer

- ☐ Apgar score less than 7 at 5 minutes.
- ☐ Signs of persistent non-transient respiratory distress.
- ☐ Jaundice within the first 24 hours of birth.
- ☐ Persistent hyper or hypothermia.
- ☐ Persistent hypertonia.
- ☐ Unresolved tremors.
- ☐ Congenital anomaly requiring intervention.
- ☐ Central cyanosis.
- ☐ After the immediate postpartum period an inability to feed, urinate or pass meconium within 24 hours of birth.
- ☐ Unresolved low blood sugar.
- ☐ And/or any other abnormal newborn behavior or appearance which could adversely affect the newborn, as assessed by a midwife exercising skill and knowledge.
- ☐ NO KNOWN RISK FACTORS FOUND.

Date of Risk Assessment: 5-11-16

Midwife Signature: *[Signature]*

Date of Risk Assessment: \_\_\_\_\_ Midwife Signature: \_\_\_\_\_

Date of Risk Assessment: \_\_\_\_\_ Midwife Signature: \_\_\_\_\_

# Evidence Based Birth®

## Evidence for the Vitamin K Shot in Newborns

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Vitamin K deficiency bleeding, thought to be a problem of the past—has been recently thrust back into the spotlight. During an 8-month period in 2013, five infants were admitted to Vanderbilt Children's Hospital in Nashville, Tennessee, with life-threatening bleeding. The infants were diagnosed with late Vitamin K deficiency bleeding (VKDB)—four of the infants had bleeding in the brain, and one had bleeding in the intestines. Although the five infants survived, two required emergency brain surgery to save their lives, one has severe brain damage (a stroke with right-sided paralysis and severe cognitive delays), and two have mild to moderate brain injuries (Personal communication, Dr. Robert Sidonio, 2014).

What did these infants have in common? The infants ranged in age from seven weeks to five months old; three were male and two were female. Three of the infants were born in hospitals, and two were born at home. All of the infants were exclusively breastfed. Most importantly, what these infants had in common was that all of their parents had declined Vitamin K shots at birth.

Concerned by this outbreak, the hospital asked the Centers for Disease Control (CDC) to look into the situation. Researchers from the CDC examined Tennessee hospital records and found that between the years 2007 and 2012, there had been zero cases of Vitamin K deficiency bleeding out of more than 490,000 births. They randomly sampled records from babies born at three Nashville hospitals and found that 96.6% of infants received Vitamin K injections. In contrast, ~~only 72% of infants born in local freestanding birth centers received Vitamin K~~ (Warren, Miller et al. 2013).

When the parents of the five infants were asked why they had declined Vitamin K, their reasons for declining included: concern about an increased risk for leukemia, a belief that the injection was unnecessary and "unnatural," and a fear that their infant would be exposed to toxins in the shot. Only one of the families was aware that life-threatening bleeding was a possibility if they declined the injection (Warren, Miller et al. 2013; Personal communication, Dr. Robert Sidonio, 2014).

***Disclaimer:** Nothing in this article shall be construed as advice from a healthcare provider (i.e. midwife, nurse, nurse practitioner, doctor, or lawyer). This article is strictly informational. It is general information that may not apply to you as an individual, and is not a substitute for your own healthcare provider's medical care or advice. If you need someone to examine you or discuss your pregnancy or baby's health, see a midwife, nurse practitioner, or doctor.*

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Patient #3

11/23/2016 14:05 FAX

0001

Ultrasound Unlimited, Inc.  
2805 South Bryant  
Edmond, Okla 73013  
405-339-2725  
www.ultrasoundunlimited.com

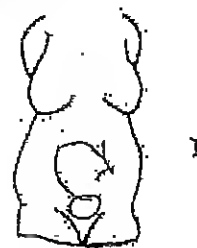
Mailing Address  
2712 Shady Tree Lane  
Edmond, Okla 73013

OB ULTRASOUND

Name \_\_\_\_\_ Age 30 Date 11/16/16  
Referring Physician Dr. Kartin OB History: pregnancies 2 children 1 miscarriages 0  
Reason for exam Fetal size - check for  
2 or 3 vessel cord  
Within Normal Limits ☒ NS - Not Seen Abnormality - See Comments Below

<p>Gestation</p> <p><input checked="" type="checkbox"/> Single</p> <p><input type="checkbox"/> Multiple</p> <p># _____</p>	<p>Fetus</p> <p><input checked="" type="checkbox"/> Spontaneous activity</p> <p><input checked="" type="checkbox"/> Cardiac activity</p> <p><input checked="" type="checkbox"/> Respiration</p>	<p>Fetal Position</p> <p><input checked="" type="checkbox"/> Vertex</p> <p><input type="checkbox"/> Breech</p> <p><input type="checkbox"/> Frank Foot</p> <p><input type="checkbox"/> Oblique</p> <p>Head: R L</p> <p>Transverse: R L</p> <p>Head: R L</p> <p>Fetal Spine to Maternal: R L Ant Post</p> <p>Sup Inf</p> <p>Positioned: <u>R</u> <u>OP</u> Unstable</p>
<p>Fetal Anatomy</p> <p><input checked="" type="checkbox"/> Kidneys</p> <p><input checked="" type="checkbox"/> R L Bladder</p> <p><input checked="" type="checkbox"/> Bladder</p> <p><input checked="" type="checkbox"/> Extremities</p> <p><input checked="" type="checkbox"/> 1 2 3 4</p> <p><input checked="" type="checkbox"/> Aorta</p> <p><input checked="" type="checkbox"/> Stomach</p> <p><input checked="" type="checkbox"/> Ventricles</p> <p><input checked="" type="checkbox"/> Pharynx</p> <p><input checked="" type="checkbox"/> Spine</p> <p><input checked="" type="checkbox"/> Cerv. Head Jug</p> <p><input checked="" type="checkbox"/> Cord Vessel</p> <p><input checked="" type="checkbox"/> Cord Insert</p> <p><input checked="" type="checkbox"/> Abd Plac</p> <p><input checked="" type="checkbox"/> Diaphragm</p> <p><input checked="" type="checkbox"/> 4 Chamber Heart</p>	<p>Amniotic Fluid</p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Increase</p> <p><input type="checkbox"/> Decrease</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Severe</p> <p>AFI <u>2.1</u> cm's</p>	<p>Placenta</p> <p><input checked="" type="checkbox"/> Anterior</p> <p><input type="checkbox"/> Posterior</p> <p><input type="checkbox"/> Fundal</p> <p><input checked="" type="checkbox"/> Lateral</p> <p><input type="checkbox"/> R L</p> <p><input type="checkbox"/> Low Lying</p> <p><input type="checkbox"/> Abruptio</p> <p>Previa</p> <p><input type="checkbox"/> Marginal</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Total</p> <p>% _____</p>

Heart Rate 141 Beats/Min.



	mm's	weeks	days	Clinical	Ultrasound
Gestational Age					
Crown Rump				<u>4/14/16</u>	EPW <u>4</u> lbs <u>9</u> oz
BPD	<u>8.5</u>	<u>32</u>	<u>6</u>	LMP	EFW <u>2.0</u> lbs <u>11</u> oz
Head Circ	<u>29.6</u>	<u>32</u>	<u>6</u>	MA <u>32</u> wks <u>6</u> days	MA <u>32</u> wks <u>6</u> days
Abd Circ	<u>28.8</u>	<u>32</u>	<u>6</u>	EDC <u>1/5/17</u>	EDC <u>1/5/17</u>
Femur Length	<u>63.5</u>	<u>33</u>	<u>0</u>		
H/A Ratio	<u>1.03</u>				
Cephalic Index	<u>7.900</u>	(7.83 - 7.88) Ranges		EDC by previous US if applicable	<u>1/5/17</u>

Comments: There is a 2 vessel cord - mild  
A AFI - slight irregular heart beat  
though baby was moving a lot.

Barbara Pennell RDMs

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.



State's Exhibit "2"

# Patient #1

Respondent: Dawn Karlin, APRN-CNM (DK)  
 Assistant: Brandy Harris (BH)  
 Ultrasound: Barbara Pennell, RDMS (BP)

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
04/11/16	Monday	3:15pm	Office	DK	4-5	New OB visit, physical exam, labs. Uncertain LMP due to lactation induced amenorrhea resulted in an estimated expected due date (EDD) of 11/02/2016. Orders documented to schedule an ultrasound apt. with Ultrasound Unlimited next week. Next visit date was set for 05/09/16.
05/05/16	Thursday		Ultrasound Unlimited	BP	21,41	OB Ultrasound EDD was adjusted and sonographer noted baby measures "4 weeks less than by LMP"
06/02/16	Thursday	3:11pm	Office	DK and BH	5	Office visit. EGA now 14 weeks and 1 day by 1 <sup>st</sup> trimester ultrasound. Fetal movement is documented for "maybe a week or two ago". Next visit date was set for 07/01/16.
07/01/16	Friday	9:23am	Office	DK	5	EGA now 18 weeks 2 days, 3 pound weight gain, trace proteinuria and a fundal height c/w. Next visit date was set for 07/28/16.
07/20/16	Wednesday		Ultrasound Unlimited	BP	20,40	OB Ultrasound for "fetal size". Fetal position is footling Breech with an anterior placenta. EDD by this scan is 11/20/16 vs. previous scan of 11/30/16.
07/28/16	Thursday	10:56am	Office	DK and BH	5-6	EGA now 22 weeks 1 day, proteinuria increase to +1, urine ketones +1, weight gain of 5 pounds, fatigue and a fundal height measurement (24.5cm) greater than dates (22.1 weeks), supporting fetal size greater than estimated gestational age. PT #1 reported having an US, but forgot to bring the report to this appointment. Next visit date was set for 08/24/16.
08/24/16	Wednesday	10:11am	Office	DK and BH	6	EGA now 26 weeks. Fundal height measurement (29cm) is greater than dates (26 weeks), supporting fetal size greater than estimated gestational age. Visual disturbances are also noted by "needing to wear glasses". A diagnosis of PUPPS is documented and dandelion and Zyrtec is ordered. Urine test resulted trace protein, blood and ketones. Documentation of "No" pre-E sign/symptoms is made. Next visit is set for 09/22/16.
09/22/16	Thursday	10:58am	Office	DK and BH	6	EGA now 30 weeks 1 day, with a fundal height (FH) of 31cm. Fetal presentation is breech, there is a 5 pound weight gain, elevated maternal heart rate, urine ketones, continued visual disturbance "a little worse, thinks glasses prescription has changed", new onset of GI signs/symptoms of a little regurgitation....and Fatigue. Next visit is set for 10/17/16.
10/17/16	Monday	12:15pm	Office	DK and BH	7	EGA is 33 weeks and 5 days. Weight gain of 3 pounds, continued elevated heart rate, complaints of new onset headaches, fatigue, occasional contractions and a vertex fetal presentation. Next visit is set for 11/10/16.

EXHIBIT

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Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/03/16	Thursday	7:24am	Text msg		103	PT#1: reports trying to rest but contractions kept coming and progress with activity, getting painful, every 2 minutes. BH: asks how PT#1 is doing and if she needs support yet?
11/03/16	Thursday	7:36am	Text msg		103-104	PT#1: reports she is OK for an hour or two, but wanting to be checked and see where she is. BH: Responds (7:39am) OK-I'm on my way now, takes about 75 min or so to get there. PT#1: agrees.
11/03/16	Thursday	8:42am	Home	DK	17	Home visit s/o patient reports uterine contractions for the past 12 hrs. started out every 10min, lasting 25sec, now every 2-4min lasting 45-50 sec, still able to walk and talk and is chatty between contractions. Cervical exam of 2cm, 70% and -2 fetal stations. DK reviewed pregnancy data with PT#1 noting LMP is uncertain, pregnancy dated by a 10-week ultrasound, with an ultrasound at 22 weeks that is consistent with 36-37 weeks gestation. DK discussed that at 36 weeks and 1 day, her baby is late preterm and may be ready to be born and breathe okay on its own, but also might need extra help and would have to transfer to the hospital if more support was needed than could be done at home. DK recommends transfer to hospital now, while laboring before baby is born as a safer option. Documentation reads "after consideration, PT#1 declines transfer at this time and would like to labor and birth at home, stating that she realized baby may have to go to the hospital after birth. GBS status is unknown and patient is laboring prior to 37 weeks, so prophylaxis is recommended and with pt. agreeable, Rocephin 1gm is given intramuscularly at 0900 a.m.
11/03/16	Thursday	10:39am and 12:15pm	Text msg	BH: asks Pt #1 how are you doing?	104-105	PT#1: reports taking a nap, just woke up (12:15pm), contraction have been a lot less intense..but hopeful they intensify so we can get this show on the road. BH: responds, OK, maybe have been just a strong practice round.
11/03/16	Thursday	3:29pm-6:28pm	Text msg		106-107	BH: asks PT#1 how are you doing? 6:28pm BH asks PT#1 if she wants her to stop in and check on her before she heads home...I'll probably just head your way and do that PT#1: reports being super tired, still stuck in that contractions every 2-3 minutes, 30 sections long. I'm just not progressing at all.
11/03/16	Thursday	7:05pm	Home	DK	7-8	Home visit s/o patient complaints that after having a nap this afternoon uterine contractions spaced out, became irregular and mild like Braxton Hicks, stating she is disappointed. DK encouraged PT#1 that her baby would come when he is ready and that the extra time helps his lungs have time to develop. Fetal presentation is documented as ROT/right occiput transverse (previously ROA earlier today, after vertex follow a breech presentations). A home visit was scheduled for (1 week) next Thursday and

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/03/16	Thursday	7:05pm	Home	DK	7-8	PT#1 was ordered to call with any questions or concerns or labor before then.
11/04/16	Friday	10:07am 10:26am	Text msg		107-110	PT#1: reports that at 3 am the contractions started again, 5 minutes apart, lasting about a minute. She reports her water hasn't broken, and that she feels super frustrated. She acknowledges being in pain for almost 24hrs, asking if this happens to other people? She then reports feeling out of control and super overwhelmed. She states her biggest concern is how long this "practice contractions stage can last" asking if she could do this for a month and a half? PT#1 responds that she doesn't think anything is really changed and that "you would see PT#1 in a really negative mental place" (if you came to check on me). PT#1 reports it hitting her Achilles heel, being out of control and not knowing when or how long this is all going to last is becoming super emotional for me. BH: Responses yes the start and stop of prodromal labor happens to lots of ladies, acknowledges its super frustrating and that every five minutes lasting a minutes, "sounds like progress though!" BH asks if "you need us to come check on you?" stating she doesn't think PT#1 would be doing this for a month and a half, but some have the on and off for several days to several weeks. BH recommends (and provides directions for) an Epsom salt bath and to relax. She further advises PT#1 to "let us know how you are after that, and that there is no control in this, let go and let it happen".
11/05/16	Saturday	10:54am	Text msg		112-116	PT#1: reports last night at 8pm, her mucus plug came out and since then consistent contractions, but "my water has not broken" and "I am just super tired and in a ton of pain". PT#1 reports bloody mucus, contractions five minutes apart, lasting a minute. PT#1 is at a seminar, but reports that she doesn't know that she will stay the whole time (1-4p). PT#1 reports that she has been worried about baby's movement, and that last night she tested it by drinking ice water and being really still and he only checked it twice in about 2 hours. PT#1 agrees to text BH when she is home. BH: responds, how close are they now? Lasting how long? was your mucus plug bloody or just mucus and is baby moving. BH responds, "that's a great sign for progress, do you want someone to come check on you?" BH advises PT#1 to "let us know when you are home and want someone to come and asks again if baby is moving good? BH recommends kick counts after drinking something cold and sweet and that baby should move 10 times in 2hrs or less. She further recommends checking on baby with a Doppler and asks when PT#1 will be headed home? BH: acknowledges, sooner is better to make sure PT#1 and baby are both ok.
11/05/16	Saturday	12:54-1:19pm	Text mgs		117	PT#1 reports contractions got too intense so she is on her way home. BH responds: "Ok, I'll see ya in a bit, 20min"

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/05/16	Saturday	2:00pm	Home	DK and BH	7-8	<p>Home visit at 36 weeks and 3 days s/o patient complaints of decreased fetal movement in the last 24 hrs. and irregular but painful contractions. PT#1 states that she has been using the breast pump in the last 36 hrs. to encourage labor to pick up.</p> <p>DK documents stable vital signs; no s/sx of distress and that PT#1 declines a vaginal exam. DK orders continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. DK requested that PT#1 abstain from pumping and allow her body and baby to set the pace.</p> <p>Maternal and fetal assessment was incomplete with documentation lacking maternal weight, urinalysis and fundal height. Estimated fetal weight is 9 pounds. Fetal is noted as +. Next visit was set for "Thursday", 5 days away.</p>
11/05/16	Saturday	8:38pm	Text msg		117-119	<p>PT#1: reports feeling flu-ish, body achy and having a little bit of a fever, 100.5, and fine now, but did feel feverish on Thursday. PT#1: states is definitely not mastitis, as she had that so it must be a virus.</p> <p>BH: asks about her temp, how are your breasts, red tender lumps, advising that mastitis can feel like this or a virus. BH: asks about vitamin C to take and Tylenol for the temp, and needing sleep that would make her feel better.</p>
11/06/16	Sunday	7:45am	Text msg		119-121	<p>PT#1: reports "I need to have a real conversation. I just had my fourth night of not sleeping and dealing with 10+ hrs. of mild to moderate contractions. I just don't know how much longer I can do this". "Do I have to option of calling uncle, since I don't have Insurance, will the hospital even see me, since my water hasn't broken? PT#1 agrees for BH to come check and that she will send Pt#1's husband to go by Akins later.</p> <p>BH: offers to come check on you, your cervix, and baby? BH states the hospital will see you, but they won't keep you if you aren't in labor, and your water hasn't broken. BH recommends supplements to get some rest, black haw or cramp bark to ease contractions and for rest, plus valerian root. BH reports that she will go check on PT#1; be there around 9:30am.</p>
11/06/16	Sunday	9:44am	Home	DK	8	<p>Visit today, s/o complaints of not sleeping well for the past 4 nights due to frequent contractions, which PT#1 describes as mild to moderate and is tired and discouraged. PT#1 reports feeling achy and possibly having a virus with temp of 100.5 yesterday evening. EGA is 36 weeks 4 days. Mild edema, elevated maternal pulse, reports of passing a bloody mucus plug on Friday, fatigue, anxiety, discouraged feelings and exhaustion. Cervical exam today, is 2cm, 50%, -4 fetal station. DK documents her offer to "transfer</p>

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/06/16	Sunday	9:44am	Home	DK	8	care to Ob/Gyn at her request if desired", but notes PT#1's decline at the time. DK sets follow up for a home visit on Thursday or sooner pm. She encourages Black haw bark to relax uterus so she can rest, and recommends valerian root for sleep.
11/06/16	Sunday	5:34pm	Text msg		121-123	PT#1: reports taking three doses of the "medicine and unfortunately it still hurting", contractions started getting worse about an hour ago. BH: asks if PT#1 took an Epsom salt bath this evening and then the valerian to help sleep or the Tylenol pm? PT#1: reports just got done with the shower (event) and that she will take an Epsom salt bath and the medicine BH brought over to help her sleep. BH: Asks, "so you haven't really had a chance to rest yet? PT#1: reports resting for about an hour after BH left...then getting ready for the shower. BH: advises that PT#1 take a bath, then the black haw bark again to get some relief if you need it.
11/07/16	Monday	4:08am	Text msg		124-125	PT#1: reports waking up at 3am with contractions, a minute to two minutes apart, lasting 45 minutes, asking if that is ok..and mentions her water broke and "has fibers in it". BH asks, "like vernix and hair stuff? PT#1: responds yes, and the water is like the color of Pepsi. BH asks for a picture text, which PT#1 sends to her.
11/07/16	Monday	4:45am	Text msg		127-128	PT#1's husband takes over texting and reports floating baby poop in the tub, asking if that is ok. BH: asks if the baby is moving, has the baby done a big flip in the last day or so..stating sometimes breech babies do that. PT#1's husband reports no to both movement and a big flip flop and reports a big bubblegum pink mucus thing coming out, is that okay? BH inquires if it is mucus and is everything else okay? PT#1's husband adds, "just a lot of brown". BH advises she is 45 min. away. Advising if there is that much poop, I wonder two things is baby doing ok and is baby breech. For either of those we need to go to the hospital so PT#1's husband can you get a bag ready? PT#1's husband reports a bag is ready and that PT#1 doesn't know if the baby is ok.
11/07/16	Monday	5:02am	Phone call		32-33	A call is made to PT#1's husband, and then to Mercy OKC Ob triage nurse Holly with report that PT#1 is en route with ruptured membranes and lots of meconium.
11/07/16	Monday	5:50am	Mercy OKC	Dr. Bishop	247	DK arrives to hospital; MD is attempting to locate fetal heart tones with ultrasound. MD reports legs in the vagina, no fetal heart tones and orders emergency repeat cesarean.
11/07/16	Monday	6:19am	Mercy OKC		17	Infant is delivered via emergency cesarean, breech presentation with nuchal cord x 5. Newborn resuscitated and taken to NICU then transferred to OU medical center for head cooling. Infant passed away at midnight.

# Patient #3

Respondent: Dawn Karlin, APRN-CNM (DK)  
 Assistant: Lauren Scarbrough (LS)  
 Ultrasound: Barbara Pennell, RDMS (BP)

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
05/12/16	Thursday	10:12am	Office	DK and LS	367	EGA: 9 weeks, complains of brown spotting with some bright red spotting yesterday, back hip or pubic pain, fatigue, nausea, round ligament pain. BP 124/86. Urine: +blood, trace leukocytes. Next appointment June 9, 2016. Documentation one day late.
05/16/16	Monday		Ultrasound Unlimited	BP	396, 414	EDG 6 weeks 4 days, EDC: 01/05/17. A viable intrauterine pregnancy is seen; A 2cm right ovarian cyst is also seen.
06/09/16	Thursday	10:13am	Office	DK and LS	367-368	EGA: 9 weeks, 3 days with a 6-pound weight gain, fundal height consistent with dates. Positive fetal heart rate. Trace protein. Patient complains of GI symptoms and diarrhea yesterday. Continues to complain of back hip and pubic pain. Seeing chiropractor and starting massage. Complains of nausea. Documentation one day late. Return appointment July 7, 2016.
07/06/16	Wednesday	11:49am	Office	DK and LS	368	EGA: 13 weeks, 6 days, incomplete blood pressure documentation. 3 pound weight gain, trace protein, complains of GI symptoms, nausea, and abnormal vaginal discharge that is greenish mucus but denies pain or itching and feels the discharge is normal. Back/hip/pubis pain continues seeing Dr. Duncan for chiropractic care. Patient complains of having some aching lower abdominal pain when waking. Feels better after urinating and being awake moving around. Trace leukocytes, next appointment August 4, 2016.
08/04/16	Thursday	11:32am	Office	DK and LS	368-369	EGA: 18 weeks. Patient complains of headache with a bad headache the other day, took Tylenol. Continues to complain of nausea with vomiting one day before lunch she feels like she let her blood pressure dropped too low, reflux. Back/hip/pubis pain continues S1 joint per chiropractor, yoga massage. Complains of fatigue. +1 leukocytes, next appointment September 8, 2016.
08/17/16			Ultrasound Unlimited	BP	395, 416	2 <sup>nd</sup> trimester U/S, 20 weeks, and 0 days, EDC: 01/05/17, dates were off with first U/S, appears to be a two-vessel cord in most views, minimal fetal renal dilatation though within normal range.
09/09/16	Friday	10:08am	Office	DK and LS	369	23 weeks, 1 day. 6-pound weight gain, trace proteinuria. Continues seeing Dr. Duncan for chiropractic care. Complains of a little tightening with round ligament pain during walking. Urine +1 leukocytes. Next appointment October 6, 2016.

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
10/06/16	Thursday	3:09 pm	Office	DK and LS	369-370	EGA: 27 weeks. 10-pound weight gain and trace proteinuria continues. Continued complaints of headache, but goes away with hydration. Complaints of constipation, taking probiotics, +back/hip/public pain continues, going to the chiropractor. Complaints of fatigue. Next visit October 27, 2016.
10/27/16	Thursday	11:18am	Office	DK and LS	370	EGA: 30 weeks. +proteinuria continues, complains pelvis was hurting after walking around downtown, saw chiropractor feels better today. Occasional contractions, trace leukocytes. Next visit November 10, 2016.
11/10/16	Thursday	4:32pm	Office	DK and LS	370-371	EGA: 32 weeks, mild edema, trace protein remains, 10-point increase in diastolic blood pressure. Complaints of fatigue, occasional contractions and carpal tunnel symptoms. Complaints of edema in her feet and some tightening and mild pressure like contractions. Next visit November 23, 2016.
11/16/16			Ultrasound Unlimited	BP	394, 477	3 <sup>rd</sup> Trimester US 32 weeks, 6 days, EDC: 1/5/17, AFI 21.8cm.
11/23/16	Wednesday	1:47pm	Office	DK and LS	371	EGA: 33 weeks 6 days maternal pulse 119, tachycardia. Trace proteinuria continues, back/hip and public pain remains with fatigue. Occasional contractions feeling like Braxton Hicks last week nothing strong just feeling tightness, +3 ketones +2 leukocytes. Next visit December 5, 2016.
12/05/16	Monday	2:15 pm	Office	DK and LS	371-372	EGA: 36 weeks 4 days omitted weight, heart rate remains above 105 bpm, maternal diastolic pressure remains above 80 mmHg. Omitted urine assessment, back/hip/pelvic pain continues. Complaints of nausea. GB5 culture today. Next visit December 15, 2016.
12/07/16	Wednesday				376	GBS Culture +
12/15/16	Thursday	9:58am	Office	DK and LS	372	EGA: 37 weeks, diastolic blood pressure remains above 80, maternal heart rate now 110 and tachycardia, again urine is not assessed. Complaints continue with back/hip and public pain, seeing chiropractor. Patient complains of being nervous and scared for birth, complaints of nausea and occasional contractions. Patient also a little worried about changing movements but has been able to do counts for reassurance without difficulty. Next visit December 22, 2016.
12/22/16	Thursday	10:22am	Office	DK and LS	372-373	EGA: 38 weeks. Patient complains of occasional chunks of mucus and of pain around sacrum and public synthesis but continues seeing chiropractor. Patient has been irritable with fatigue occasional contractions. Next visit December 29, 2016.
12/29/16	Thursday	9:13am	Office	DK and LS	373	EGA: 39 weeks. Continued trace protein. Pelvic discomfort and achiness continues with nausea and occasional contractions, less frequent but stronger, +1 leukocytes. Next visit January 3, 2017



Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
01/03/17	Tuesday	10:01am	Office	DK and LS	373-374	EGA: 39 weeks, 5 days, diastolic blood pressure again above 80 mmHg, trace protein continues. Patient complains occasionally feeling on verge of a headache but goes away when she eats or drinks something back/hip/publi pain remains, seeing chiropractor weekly, still with nausea. Occasional contractions, feet and finger edema noted, trace ketones. Next visit January 10, 2017.
01/10/17	Tuesday	10:10am	Office	DK and LS	374	EGA: 40 weeks, 5 days edema continues, cervical exam not done. Complains of loose stools. Complains of abnormal vaginal discharge, reddish brown mucous plug this morning about a quarter size. Practitioner reports fetus is vertex, nausea, occasional contractions and edema in the hands. Next visit January 16, 2017. Practitioner's documentation 6 days late.
01/16/17	Monday	1:10pm	Office	DK and LS	374-375	EGA: 41 weeks 4 days systolic blood pressure now elevated, cervical exam closed, 60% effaced/-2. Patient has chiropractic and acupuncture appointment tomorrow, is really emotional today about wanting labor to start, fatigue, occasional contractions, and +2 leukocytes. Practitioner's plan is to continue expectant management with recommendations for a biophysical profile in the next couple days, Foley bulb for labor is encouraged. Herbal/homeopathics for labor or transfer of care to hospital. At this time she elects to do Foley bulb and will consider herbals and homeopathics over the next couple of days, she will keep appointment for acupuncture and chiropractic care tomorrow if not in labor. Practitioner placed Foley bulb Intracervically and advised patient to let her know when the bulb falls out. Next visit January 18, 2017.
01/16/17	Monday	6:30pm	Text msg	DK	375	Foley bulb is out so practitioner made plans to go to see Patient after clinic. 8:13 p.m.: CX: 5cm, 80%, -2, swept membranes, advised Patient #3 to call with 4-1-1 pattern or sooner.

# Respondent's Exhibit "1"

# Brandy R. Harris

10024 NW 141<sup>st</sup> St, Wagon, Oklahoma 73099 • (405) 326-4800 • DoulaBrandy@gmail.com



## Education

- MIDWIVES COLLEGE OF UTAH, Salt Lake City, ASM anticipated completion 2019
- BIRTH ARTS INTERNATIONAL, Reidsville, NC, Midwife Assistant certification, 2014
- OKLAHOMA STATE UNIVERSITY, Oklahoma City, Pre-Nursing curriculum completed in 2010
- DOULAS OF NORTH AMERICA (DONA), Birth Doula Certification completed in 2007

## Training & Certifications

- Healthcare Provider CPR (current)
- Neonatal Resuscitation (current)
- Birth Emergency Skills (B.B.S.T) Training 2013, 2018
- Evidence Based Birth "Big Babies" Training 2013
- HypnoBirthing-The Mongan Method, Certification., 2011-2018
- Certified Lactation Counselor Training, 2015
- Breastfeeding Educator Certification 2010, 2013
- WIC Breastfeeding Symposium 2007, 2009, 2013
- DONA Birth Doula Training 2002

## Work History

WILLOW BIRTH SERVICES, Owner, Oklahoma City, Oklahoma

April 2005-Present

### *Birth Doula, DONA Certified*

- Assists pregnant women and partners in preparing for and carrying out preferences for birth.
- Provides emotional support, physical comfort measures and an objective viewpoint.
- Offers evidence based information that contributes informed decision making with partner and provider.
- Provides community resources for education and continued support in preparation for birth, postpartum, infant care and feeding.
- Facilitates positive communication between birthing woman, partner and her care provider(s)

### *Midwife's Assistant, Birth Arts International & Apprentice Trained*

March 2013-Present

- Assists out of hospital Midwife w routine prenatal, postpartum, & well woman care.
- Assists out of hospital Midwife w care & management during labor, birth and immediate postpartum.
- Assists out of hospital Midwife in the routine care & management of newborn birth-6 weeks.
- Can perform routine newborn assessment
- Can perform clinical tasks such as: Vitals, cervical examination, venipuncture, drawing and administration of medications.
- Provides emotional and physical support of mother and partner.
- Assists in set up, break down and cleaning of labor & birthing equipment and environment.
- Assists in maternal & newborn emergency management

## Professional Affiliations

Member, Oklahoma Midwives Alliance, Midwives Society of Oklahoma, National Association of Certified Professional Midwives (NACPM), Doulas of North America, Doula Association of Central Oklahoma